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ABSTRACT

Children having problems in adjusting to school are referred to the Center. An interdisciplinary team evaluates each child for possible placement in a controlled therapeutic classroom. Provided here as preliminary project evaluation are a sample psychological report and a psychometric summary sheet. Case studies are given for children in the personal and social adjustment classes, in remedial reading and special therapy, and in classes for the minimally brain damaged. Also included are remarks by parents, physicians, agencies, and parochial schools, and by pupils involved, all gathered in monitoring the program. Research evaluating the psychological data collected is summarized, and research utilizing interaction analysis proposed. (JD)

ED0 38794

PRELIMINARY
PROJECT
EVALUATION

EC005 440E

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PRELIMINARY PROJECT EVALUATION

(End of Second Year)

Elementary and Secondary Education Act of 1965, Title III, P.L. 89-10 Amended

Project Number: 451

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U.S. DEPARTMENT OF HEALTH, EDUCATION & WELFARE
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PRELIMINARY EVALUATION OF PROJECT

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PRELIMINARY EVALUATION OF PROJECT

The emphasis of services provided by the project is directed at individual needs and circumstances.

Each client is referred for services on the basis of his individual problem in making adjustment in the traditional school program. In order to plan for the child a program of significance directed toward his needs, it is first assumed necessary to define his needs.

Children are referred to the Center by the school which they attend, family physician, community agency or parents. Since the major emphasis of the program is related to school, a resume on each child is submitted by the school he or she attends.

Each child referred to the Center is administered a battery of psychological tests by a certificated psychometrist. He is also given a thorough hearing and speech analysis administered by a speech and hearing therapist. The school nurse appraises the medical report and administers vision testing. She also evaluates the child's physical coordination, dominance and body control.

A home study is conducted by the social worker who coordinates the activities between the home, school, agencies and the Diagnostic, Counseling, and Remedial Center.

A sample of a psychological report which is prepared for each child evlauated at the Center and a summary sheet for the various tests administered is presented with the report. The summary sheets will be used to compile psychometric data concerning the various types of problems referred to the Center and as statistical verification of change.

Teacher observation and evaluation plays an important part in determining the readiness of a child to move from the controlled therapeutic classroom into the more traditional school situation. This report includes a section of case studies prepared by the classroom teacher/therapist.

In order to appraise the attitudes of parents, physicians and other referral agencies concerning the services of the Center, a monitoring report is sent periodically to the aforementioned persons. The check lists present helpful information but the comments are generally the most gratifying part of the reports. A section of this report presents the summary of check list responses and the comments.

We are attempting to also solicit the reactions of the pupils concerning their personal feelings as participants in the program of the Center. A brief survey instrument has been administered to the pupils who are enrolled in the Center on a regular program basis.

The Diagnostic, Counseling, and Remedial Center provides an ideal setting for conducting research. The final section of this report is designated for a preliminary report and the outlining of research to be conducted.

Sample
Psychological Report
Psychometric Summary

-2-3-4-5-6-

REPORT OF PSYCHOLOGICAL EXAMINATION

Name:

R. R. #2
Rosedale, Indiana

PARENTS:

SCHOOL: Fontant GRADE: 2 - Mrs. Miller

BIRTHDATE: : March 10, 1959 PRESENT AGE: 8-11

DATE TESTED: February 7, 1968

Sandra was referred by the school psychometrist to further evaluate emotional and/or perceptual problems which may be causing or contributing to Sandra's failure to learn basic academic principles.

Background

Sandra would be considered average in intelligence, according to recent testing with the WISC; the range of scores was scattered. Although she is repeating second grade this year, Sandra's achievement is only at about beginning first grade level. There were also several indicators of both perceptual and emotional problems.

Procedures and Results

The following psychological techniques were used for the evaluation:

Bender Gestalt Test
Frostig Developmental Test of Visual Perception
Peabody Picture Vocabulary Test
Children's Apperception Test
Drawings
Letter - numeral indentification
Observation during testing

Other Techniques:
Vision tests - Keystone Visual Survey Test and Goodlite
Neurological inspection by school nurse
Evaluation of Speech from tape recording

Perceptual and neurological factors

Compared with the results of two earlier Bender tests, testing at this time shows that Sandra's perception is becoming increasingly impaired. Her performance on this test is about like an average six year old; of the eight scoring items, 6 are significant indicators of neurological malfunctioning and one item is considered highly significant of malfunctioning in children this age. She required an extremely short period of time to complete all the designs. In most cases a very short time needed for the test is associated with poor test performance and poor school achievement; it is most often found on the Bender records of children with neurological impairment. Whenever a child completes the designs in so short a time the possibility of impulsiveness associated with neurological impairment should be considered and the protocol scrutinized for other indicators of brain injury, according to Koppitz. Other indicators of brain injury or neurological malfuntioning are present in this protocol.

The Frostig Developmental Test of Visual Perception is designed to measure perceptual skills which are necessary in order for a person to be able to learn to read and write. It is felt that a perceptual level of 6 to 6½ years on each of the sub-test is necessary of beginning academic learning. The sub-test and age equivalent scores earned by Sandra on this test are as follows:

Sub-test	Age Equivalent Score	
I Eye-Motor Coordination	10+ *	
II Figure Ground	6-6	
III Form Consistency	6-3	
IV Position in Space	8-9 *	
V Spatial Relations	8-3 *	*Maximum Score

The results of this test indicate that Sandra's perceptual development has reached a level necessary for success in the basic skills in all areas of perception, but that she is somewhat below her age or grade level in the areas of Figure Ground and Form Consistency. A sufficient ability to shift in figure-ground perception is involved in reading. Form consistency must reach a certain point in development before a child can recognize a word in varying contexts. It has been found that if a child is having difficulty in one or more of these skills he will have difficulty with academic learning - especially reading.

Sandra was able to skip, hop, and jump, normally, but has an unusual movement pattern when running - there seems to be little action in the hips, mostly from the knee. When copying a pattern of repeated cursive letters, she lacked rhythm in her movements; when performing other task with a pencil she worked from right to left.

Intelligence and achievement factors

The peabody Picture Vocabulary Test was administered in order to make a comparison between Sandra's general intelligence as measured on the Wechsler Scale and her ability to understand what she hears. Her score on the Peabody indicates that her hearing vocabulary is about like that of a 7 year old child.

An informal test to determine Sandra's ability to identify letters and numerals shows that she knows all one digit numerals but cannot consistently read two - or three - digit numerals. Neither can she name all letters of the alphabet, upper or lower case.

Emotional factors

On the Bender test there were four indicators of emotional disturbance. It has been found that four out of five children who show four emotional indicators on their Bender protocols have emotional problems. The kinds of problems which seem to be indicated are related to mental confusion, lack of interest and attention, anxiety, withdrawal, and some degree of impulsiveness. The time required to copy the designs was extremely short and this is a further indication of impulsiveness and the lack of adequate concentration or effort to carry through a required task satisfactorily.

Additional test results support the feeling that Sandra's learning problems are probably related to emotional problems which are occupying her attention at the present time.

Other factors

Sandra was unable to pass the vision test within range of normal vision; it was noted that she tilts her head frequently when she is performing a task requiring visual activity and attention.

Her speech is sometimes garbled, but her speech errors seem to be related to difficulty in expression rather than speech problems.

Summary and recommendations

Sandra's average intelligence is not being reflected in her degrees of achievement in her present grade placement. It is felt that her learning problems may be accentuated by emotional problems which are quite evident in the test results. Frostig says that learning problems may result from an emotional disturbance sufficiently severe to cause the child to pay more attention to his inner feelings and fantasies than to the stimuli of his outer environment.

It is recommended, therefore, that Sandra be enrolled in a special class at the Diagnostic, Counseling, and Remedial Center. At the time of her enrollment at the Center a further check of her vision should be made, with the possibility of referral to an eye specialist.

Barbara S. Baer, Psychometrist

William J. Hamrick, Project Director
Diagnostic, Counseling, and Remedial Center
Vigo County School Corporation

BSB:WJH:ve

Diagnostic, Counseling, and Remedial Center
Record of Test Results

Name________________________________ Birthdate______________

TEST Date	9/12/67	2/7/68	5-8-9-68			
Age	8-6	8-11	9-2			
WECHSLER INTELLIGENCE SCALE						
Full Scale Quotient	90		91			
Verbal Quotient	89		85			
Performance Quotient	93		100			
SCALED SCORES						
Information	7		5			
Comprehension	8		6			
Arithmetic	6		5			
Similarities	6		8			
Vocabulary	8		9			
Digit Span	14		12			
Picture Completion	10		6			
Picture Arrangement	9		13			
Block Design	6		7			
Object Assembly	9		10			
Coding	11		14			
Mazes	-		-			
WIDE RANGE ACHIEVEMENT TEST						
Reading - Grade Level	1.2		1.6			
Spelling - Grade Level	1.5		2.2			
Arithmetic - Grade Level	1.4		2.4			
Reading - Standard Score	74		76			
Spelling - Standard Score	77		82			
Arithmetic - Standard Score	76		84			
BENDER GESTALT TEST						
Perceptual Age Level	6½	6	9-10½			
Developmental Score (errors)	7	8	2			
Emotional Factors	5	4	3			
Neurological Factors						
Significant						
Highly Significant						
FROSTIG - VISUAL PERCEPTION TEST						
I. Eye Motor		10+*				
II. Figure Ground		6.6				
III. Form Consistency		6.3				
IV. Position in Space		8.9*				
V. Spatial Relations		8.3*				
Perceptual Quotient		89				
GRAY ORAL READING TEST						
Form A - Grade Equivalent						
Form B -						
Form C -						
Form D -						
OTHER TEST						
PEABODY PICTURE VOCABULARY		PQ 83	IQ 86			

Individual

Case Studies

Personal Adjustment Class

Mr. John Hoare - Teacher

Case Report I

Description:

Female, Chronological Age 9 years and 2 months. No physical deviations or abnormalities as reported by a medical doctor.

Former School Placement:

Regular second grade class. Retained one year for poor academic achievement.

Problem:

Sandy was making no academic progress in the regular second grade classroom. The subject would cry spontaneously and become extremely ill in the class setting. There would follow, lapses in memory and denial of being sick in class. Subject would withdraw and slip into her own world of day-dreams. The regular class teacher advised summer school. During the summer, physical force was used to place the girl on the bus. During the first of the school year 1967-1968, Sandy again exhibited the fore mentioned symptoms, at which time she was referred for psychological testing.

Intake test results: Date 2-2-68

I. Wechsler Intelligence Scale for Children yielded an Intelligence Quotient of 83, a mental age of 7 years, and one month.

II. Bender results were: A developmental score of 8; a number of emotional indicators-4; Indicators of neurological malfunctioning-6 significant (a tendency toward one more), 1 highly significant (time very short). Perceptual age level-6.

Recommendations:

Placement on a full time basis in the Personal Adjustment Class at the Diagnostic, Counseling, and Remedial Center.

Procedures and Progress:

Sandy was placed in the Personal Adjustment Class for the suggested full time basis. During her enrollment, Sandy received intensive individual psychotherapy plus coordinated counseling and arts and crafts therapy.

Sandy's emotional stability showed extremely good adjustment during her enrollment. The withdrawal symptoms disappeared along with most of her anxiety. The times of sickness in the classroom disappeared and academic interest grew appreciatively. As a result of these changes in the academic, social and emotional areas, retesting was requested.

Results of Retesting: 5-9-68; Chronological Age, 9 years, 2 months.

I. Wechsler Intelligence Scale for Children: Verbal Quotient, 85; Performance Quotient, 100; Full Scale Quotient, 90.

II. Wide Range Achievement Test: Reading, 1.6 grade level; Spelling 2.2 grade level; Arithmetic, 2.4 grade level.

III. Peabody Picture Vocabulary Test: Intelligence Quotient 86.

IV. Frostig Developmental Test of Visual Perception

	age equivalent	
A. Eye-Motor	10 +	
B. Figure Ground	6-6	
C. Form Constancy	6-3	
D. Position in Space	8-9	Maximum Score
E. Spatial Relations	8-3	" "

V. Bender results were: a developmental score of -2; number of emotional indicators-3; Indicators of neurological and malfunctioning-2 (2 corrected). Perceptual age level 9-10½ years of age. Comments were: "Calm, confident; when given the opportunity to improve figures, she was able to do so.

Recommendations:

Considering the results of the above psychological examination and Sandy's performance in the class and her relations with her peers, it is recommended that Sandy be returned to a regular third grade class for the 1968-1969 school year. If possible, supportive counseling would possibly be of benefit at the beginning of the school year.

Case Report II

Description:
Male, Chronological Age 9 years, 3 months. No physical deviations or abnormalities as reported by a medical doctor.

Former school placement:
Parochial School, regular second grade class. Retained one year for poor academic achievement.

Problem:
Eddie was failing in every academic subject. The subject was becoming increasingly hostile and aggressive toward peers and staff members. The acting out behavior carried over from playground to classroom and finally became intolerable. The child was subsequently expelled from the school and was referred to the Diagnostic, Counseling, and Remedial Center for Psychological testing.

Intake test results: Date 2-24-67

I. Wechsler Intelligence Scale for Children yielded an Intelligence Quotient, Verbal Quotient (91), Performance Quotient (79), Full Scale Quotient (84).

II. Goodenough Draw a Person, Quotient of 81.

III. Durrell Reading Analysis showed trouble to read at first grade level.

IV. Wide Range Achievement Test: Reading 1.4 grade level; Spelling 1.3 grade level; Arithmetic 2.4 grade level.

V. Both his behavior and his responses to the tests of personality were suggestive of evasive impulsiveness, poor planning ability and a certain shrewdness in obstructing feelings of hostility and aggression.

VI. Bender and Frostig scored perceptual ages from 6 to 6½ year old levels.

Recommendations:
Placement in Personal Adjustment Class on a full time basis at the Diagnostic, Counseling, and Remedial Center.

Procedures and Progress:
Eddie was placed in the Personal Adjustment Class for the suggested full time basis on 9-7-67. During his enrollment, Eddie received intensive individual psycho-therapy plus coordinated counseling and arts and crafts therapy. Also language development was enhanced by working with the Speech Therapist.

During Eddie's enrollment, there was exhibited a great deal of hostility and defiance for any authority. Eddie gradually was able to resolve many of his emotional conflicts; and with this came the gradual diminishing of the acting out aggressive behavior. In its place grew an inner need to achieve academically. As a result of this progress, a retest was requested on 3-21-68.

Results of Retesting:

Chronological Age 9 years, 5 months.

I. Wechsler Intelligence Scale for Children: Verbal Quotient of 84; Performance Quotient of 92; Full Scale Quotient 86.

II. Wide Range Achievement Test: Reading 2.2 grade level; Spelling 2.2 grade level; Arithmetic 3.6 grade level.

Recommendations:

Considering the results of the tests, Eddie is still below in his academic achievement; however, he has a strong desire to achieve, and there is no acting out behavior observable. Therefore, it was recommended that Eddie be returned to a regular third grade class on 4-28-68.

Case Report III

Description:

Female, Chronological Age 9 years and 5 months; diagnosed by a medical doctor as possible minimal brain damaged.

Former School Placement:

Regular second grade class

Problem:

The class teacher reported behavior which is unusual for a child this age, and behavior which is totally unacceptable to other children. Leesa's academic progress was at a stand-still. Leesa would not try to study or understand any formal academic instruction. Leese would conduct herself as a child of five years of age. She would always be in motion and talked our incessantly. The distraction she created in class was very disturbing. As of these activities, Leesa was referred for psychological evaluation.

Intake test results:

I. Wechsler Intelligence Scale for Children yielded an Intelligence Quotient of 83.

II. Bender results indicated two emotional indicators present and a perceptual age of 6½-7½.

Recommendations:

Placement on a full time basis in the Personal Adjustment Class at the Diagnostic, Counseling, and Remedial Center.

Procedures and Progress:

Leesa was placed in the Personal Adjustment Class for the suggested full time basis. During her enrollment, Leesa received intensive psychotherapy plus coordinated counseling and arts and crafts therapy. Leesa's language development was enhanced by working with the speech therapist.

During Leesa's enrollment she exhibited a great amount of anxiety and fear about her family and herself. Utilizing the formentioned services, there appeared a gradual change in Leesa. The anxiety and fear subsided and this was replaced by a more calm and self-assured stability within Leesa.

The subject would work for an extended length of time to produce acceptable academic work. The aggressive, boisterous behavior disappeared and a more demure individual was brought forth. Considering the changes just described, re-testing was requested on Leesa.

Results of Re-testing: Chronological Age 9 years, 5 months.

I. Binet Intelligence Scale yielded an Intelligence Quotient of 85.

II. The Peabody Picture Vocabulary Test yielded and Intelligence Quotient of 90.

III. The Wide Range Achievement Scale yielded the following scores: Reading, 2.3 grade level; Spelling, 2.6 grade level; and Arithmetic, 2.4 grade level.

Recommendations:

Considering the results of the test, Leesa is still academically below her peers. However, Leesa functions academically in the classroom higher than what was evidenced on the tests. Taking into consideration all of the information, it was decided that Leesa would be returned to a regular third grade class on 4-23-68.

Case Report IV

Description:

Male, Chronological Age 9 years and two months.
Diagnosed by medical doctor as having no physical deviations or abnormalities.

Former School Placement:

Parochial school, regular third grade class.

Problem:

John was referred to the Diagnostic, Counseling, and Remedial Center for the purpose of psychological evaluation. John's school performance was reportedly extremely low, grade achievements were mostly failures. A report from the school stated that John seemed to be in a state of confusion. He had been observed talking and laughing to himself and appeared apathetic and indifferent to praise or criticism. John would appear extremely withdrawn and had almost no relations with any of his peers. He would not take part in any school activities whether academic or social.

John's behavior did not improve when in the home environment. He would not associate as a brother would normally with his sisters. His attitude toward both of his parents was one of hostility and belligerance. Physical punishment was almost non-existing in this home environment; therefore, John had control of his parents and frequently manipulated them for his own wants and desires.

As a result of these activities, John was tested on 4-4-67.

Intake Test Results: Chronological Age, 8 years and 8 months.

I. On the Binet Intelligence Scale, John received and Intelligence Quotient of 109.

II. Bender results yielded a perceptual age level of a 6-6½ year old child.

III. The Wide Range Achievement Test yielded the following scores: Reading, 2.8 grade level; Spelling, 3.2 grade level; and Arithmetic 3.0 grade level.

IV. The Early School Primary Questionaire gave the following description of John. "John sees himself as somewhat more serious and taciturn than most boys his age. He also said that he is inclined to be be reserved and critical rather than warm and outgoing; impatient and demanding rather than deliberate or stodgy; and individualistic and obstructive rather than zestful and ready to go along with the group."

Recommendations:

Placement on a full time basis in the Personal Adjustment Class at the Diagnostic, Counseling, and Remedial Center.

Procedures and Progress:

John was placed in the Personal Adjustment Class for the suggested full time basis.

During John's enrollment, he received intensive psychotherapy plus coordinated counseling and art and crafts therapy. John's language development was enchanced by working with the Speech Therapist.

Upon entering the class, John was exactly the child described in the forementioned tests. He would, upon entering the room, seek his own corner and would play with puppets and other materials, but never with any other children.

John's academic work was eliminated upon entering the class and individual therapy sessions were substituted. Gradually through the coordinated efforts at the Center. John became more emotionally stable. The withdrawn behavior disappeared totally. He played and interacted with the children in the Center. His academic interest and work increased to the extent of being comparable with a regular class.

Considering these advances, John was retested on 1-15-68.

Results of Retesting:

I. The Wide Range Achievement Test yielded the following scores: Reading 3.0 grade level; Spelling, 3.7 grade level; and Arithmetic, 4.2 grade level.

II. Spache Reading Scales, "John is now able to comprehend at least upper fourth grade material."

III. The Frostig Developmental Test of Visual Perception

		Age Equivalent
A.	Eye-Motor Coordination	10 +
B.	Figure-Ground	8.3
C.	Form Constancy	9.0
D.	Position in Space	8.1
E.	Spatial Relations	6.6

Recommendations:

Considering the growth of John academically, socially and emotionally, it was decided to return John to the regular fourth grade class on a full time basis. John was terminated on 2-2-68.

Case Report V

Description:

Male, Chronlogical Age 7 years and six months. Diagnosed by a medical doctor as having possible minimal brain damage.

Former School Placement:

Parochial School, regular first grade class.

Problem:

Leonard was referred to the Center due to his explosive physical outbursts, coupled with a lack of academic achievement. He was excluded from the Parochial School because of his behavior and in the interest of the other children in the class. Leonard's behavior in the home environment paralled the behavior exhibited in the school setting. The mother was afraid of the child and the father was afraid of punishing the child because of his age and the fear of hurting the child. The parents were highly inconsistent with their rearing of Leonard, and often had marital conflicts because of Leonard;s behavior.

Due to Leonard's suspension, he was referred to the Center for psychological testing.

Intake Test Results: Date 4-6-67, Chronological Age 6 years and 6 months.

I. The Binet Intelligence Test yielded a Quotient of 114.

II. The Goodenough Draw a Person yielded an I.Q. of 104.

III. The Wide Range Achievement Test provides the following scores: Reading 1.4 grade level: Spelling, 1.2 grade level; and Arithmetic 1.6 grade level.

IV. The Bender Test revealed a "high degree of emotionality and compulsiveness. He showed himself as a child who has a low frustration tolerance and explosiveness, and demonstrated the types of drawings which have been associated with acting out behavior in children."

Recommendation:

Placement on a full time basis in the Personal Adjustment Class at the Diagnostic, Counseling, and Remedial Center.

Procedures and Progress:

Leonard was placed in the Personal Adjustment Class for the suggested full time basis.

During Leonard's enrollment, particularly the first two months, Leonard's behavior was extremely aggressive and acting out. Leonard would defy any authority; and when he wanted, he would display a temper tantrum, consisting of crying, screaming, hitting, stomping and would become completely unmanageable. When he would be working, for no apparent reason, he would strike out at any individual who would be close to him.

Leonard received intensive individual and group psychotherapy during which much improvement was noted. Gradually with the coordinated approach of psychotherapy, counseling, arts and crafts therapy and language development by the speech therapist, Leonard's academic, social and emotional stability changed.

Leonard became able to absorb criticism and take the remarks of peers and the physical defeats on the play area. He developed a positive attitude toward his academic work and the people he met. The home environment changed for the better with the changes in Leonard.

Considering the improvements in Leonard, he was retested on 1-23-68.

Results of Retesting:

I. The Binet Intelligence Scale yielded a Quotient of 113.

II. The Wide Range Achievement Test provided the following scores: Reading, 1.3 grade level; Spelling, 1.2 grade level; and Arithmetic, 2.1 grade level.

III. The Bender Gestalt Test:
"The results of this test are a most dramatic evidence of a change which has taken place in a child. Ten months ago, Leonard required almost an hour to complete the drawings. Now in just over eight minutes, he can complete the drawings, which is within the critical time limits. At both times, his perceptual development was found to be normal,or better, for a child his age."

When Leonard was first seen at the Center, he demonstrated extreme acting out behavior, impulsiveness, aggressiveness, explosiveness and low frustration tolerance. He was very compulsive in the execution of his drawings, and carried on a running monologue all the while. At this latest date, however, he worked quietly and more spontaneously. There was only an emotional indicator, which is associated with anxiety, withdrawal, constriction or timidity. It is felt that this shows the control he is exerting.

While Leonard has shown no great growth academically over the past ten months, his greater emotional control is quite evident. In addition to the evidence produced by the testing, Leonard's behavior in the classroom and with other groups has markedly improved.

Recommendations:

Considering all of the aforementioned date, I suggest that Leonard be placed in a regular first grade class on a half day basis. The morning at the first grade with follow-up therapy in the afternoon in the Personal Adjustment Class. Leonard was placed on this schedule for one week, at which time the principal, teacher and Leonard requested he attend on a full time basis his regular class. This was approved with no repercussions to date.

Case Report VI

Description:

Male; Chronological Age 10 years and one month. Diagnosed by a medical doctor as having had Rhuematic Fever with no other physical deviations or abnormalities.

Problem:

The problem was one of investigating mental ability and other factors relating to slow progress, especially in reading. The proceeding is a light overview of the problem. Sam was a withdrawn child in both academic and social settings. In the school, at first, he would only give up on any assigned material and withdraw; later, he became aggressive on the play area and physically hurt other children.

In the home, the same pattern was observed. At first, the withdrawn behavior and then physical activity with the siblings in the family. Very little, if any, attempt at physical correction was made on the part of the parents due to Sam's former illness. However, the doctor did point out that there was no damage to Sam's heart or any other part of the body function.

Considering all of the preceeding data, Sam was referred to the Diagnostic, Counseling, and Remedial Center for psychological testing.

Intake Test Results: Date, 2-16-67, Chronological age 8 years and 9 months.

I. The Wechsler Intelligence Scale for Children yielded a quotient of 93.

II. The Goodenough Draw a Person yielded a 21% tile rating.

III. The Durrell Reading Analysis rated Sam as reading in the low first grade.

IV. The Wide Range Achievement Test gave the following scores: Reading 1.5 grade level; Spelling 0.7 grade level; Arithmetic 1.5 grade level.

V. The Bender Gestalt Test presented the following information. "Sam performed the tasks about as well as most children between the ages of 7½ to 8 years of age. There was some evidence of disturbance due to cerebral dysfunction, and there was also evidence of impulsiveness and of feelings of anxiety and aggressiveness."

VI. The Children's Personality Questionaire presented the following picture of Sam. "Sam described himself as being more easily upset emotionally than most boys his age, but at the same time passive and inactive, and or little sentimental, rather than shrewd and tough-minded.

Recommendation:

Considering all of the forementioned data, it was suggested that Sam be placed in the Personal Adjustment Class on a full time basis.

Procedures and Progress:

Sam was placed in the Personal Adjustment Class for the suggested full time basis. During Sam's enrollment, he received individual psychotherapy plus coordinated counseling and arts and crafts therapy and language development with the speech therapist.

Upon entrance into the class, Sam exhibited withdrawn behavior in not associating with any class-mate. He would not attempt any academics; therefore, this was quickly abandoned. In the place of academics, intensive, individual psychotherapy sessions were scheduled. Gradually over the months, Sam began to emerge from his self-made shell and began to take an interest in his classmates and himself. Sam started working in his academics and making some academic advances. This process has grown and strengthened during this year.

Considering the above data a retest was requested.

Results of Retesting:

I. The results of the Binet Intelligence Scale yielded an quotient of 97.

II. The Wide Range Achievement Test yielded the following scores: Reading, 1.5 grade level; Spelling, 1.4 grade level; and Arithmetic, 1.2 grade level.

III. The Durrell Reading Analysis rated Sam in the low first grade.

IV. The Frostig Developmental Test of Visual Perception yielded the following results.

A.	Eye-Motor Coordination	7-3
B.	Figure Ground	8-3
C.	Form Constancy	9-0
D.	Position in Space	6-3
E.	Spatial Relations	8-3

V. The Bender Gestalt Test showed little if any improvement in this area.

VI. The Children's Personality Questionaire was designed to evaluate 4 factors of personality.
As compared with responses obtained a year ago, Sam indicated that he is now more obedient and conforming than he was then, that he is more self-controlled and that he is considerable less frustrated.

VII. Subtest scores in terms of age equivalents on the Illinois Test of Psycholinquistics Abilities were:

A.	Auditory Decoding	Age 9-0	or above
B.	Visual Decoding	9-0	"
C.	Auditory Vocal Association	7-3	
D.	Visual Motor Association	6-1	
E.	Vocal Encoding	9-0	"
F.	Motor Encoding	9-0	"
G.	Auditory-Vocal Automatic	6-10	
H.	Auditory-Vocal Sequential	5-11	
I.	Visual-Motor	5-4	

Recommendations:

Sam is making progress; however, it is felt that possibly for the next school year only a half day basis should be expected. The results of this determining Sam's future placement.

Case Report VII

Description:

Male; Chronological Age 9 years and 1 month. Diagnosed by medical doctor as having no physical deviations or abnormalities.

Former School Placement:

Public School, kindergarten class.

Problem:

Gary was referred to the Center with the diagnosis of a psychiatrist, as childhood Schizophrenia. Gary would be totally uncontrollable in the regular class. He was observed talking to the radiators and would be completely out of contact with reality. His speech was garbled and had no pattern in his speech or in expressing himself. He was constantly out of his seat and always in motion.

Gary was evaluated further at the Diagnostic, Counseling, and Remedial Center.

Intake Test Results:

I. The Binet Intelligence Scale yielded a quotient of 41.

II. The Goodenough Draw a Person Test was only a scribble.

Recommendations:

Considering all the aforementioned data,it was suggested that Gary be placed in the Personal Adjustment Class for the suggested full time basis. During Gary's enrollment, he received intensive individual psychotherapy plus coordinated counseling, arts and crafts therapy and language development with the speech therapist.

Gradually, Gary progressed substantially in the academic, social and enotional areas. Gary's social behavior became acceptable for special class placement and compares to that of a four or five year old child. Gary can do low first grade work with close supervision. Gary is able to carry out commands and work and play with most of his classmates. Gary's performance has changed the attitude in the home environment for the better.

Considering all of the aforementioned data,retesting was requested for Gary.

Results of Retesting:

Chronological Age 8 years and 8 months.

I. The Wechsler Intelligence Scale for Children yielded a quotient of 60.

II. The Bender Gestalt test yielded a perceptual age level of four or five years of age.

III. The Frostig Developmental Test of Visual Perception:

A. Eye-Motor Coordination	5 years	3 months
B. Figure-Ground	4 "	6 "
C. Form Constancy	2 "	6 "
D. Position in Space	5 "	0 "
E. Spatial Relation	6 "	0 "

Perceptual Quotient 54

IV. Comments of psychometrist

"Compared with his behavior when he first enrolled at the Center, Gary is more able to control himself in a testing situation as well as in the classroom setting. He was able to complete the tasks required of him without outbursts, frustration, or refusals to follow instructions. He seemed to enjoy what he was doing and appeared to be satisfied with his responses."

Recommendations:

Considering the results of the psychological testing and Gary's academic, emotional progress in the classroom, Gary has been referred for placement in an educable mentally retarded class for the next school year.

Case Report VIII

Description:

Male, Chronological Age 9 years and no months. Diagnosed by a medical doctor as having no physical deviation or abnormalities.

Former School Placement:

Public school, first grade class.

Problem:

The problem was one of investigating rate of mental development and other factors relating to disruptive behavior in the classroom. The teacher reports that Doug eats crayons, throws things, refuses to do his work, interferes with the other children and has, upon occasion, made himself so obnoxious that he had to be removed from the classroom by force.

Based on the aforementioned data, Doug was referred to the Diagnostic, Counseling, and Remedial Center.

Intake Test Results:

I. The Binet Intelligence Scale yielded a Quotient of 86. A mental age of 5 years and 11 months.

II. The Peabody Picture Vocabulary Test yielded the following scores: Reading 0.3 grade level; Spelling, 1.0 grade level; and Arithmetic, 1.4 grade level.

Recommendations:

Considering all the aforementioned data, it was suggested that Doug be placed in the Personal Adjustment Class on a full time basis.

Procedures and Progress:

Doug was placed in the Personal Adjustment Class for the suggested full time basis. During his enrollment, he received intensive individual psychotherapy plus coordinated counseling, arts and crafts therapy plus language development with the speech therapist.

Doug was extremely aggressive and hostile upon entering the class. He would physically strike other children and use cursing language to the children and staff. He was, at times, completely out-of-contact with reality; and, during these times, he would strike children and staff members.

During the months of stay, Doug's hostility and aggressiveness has diminished greatly. He no longer strikes out at children or staff and is controlling his emotional behavior in all respects.

Considering the improvement, retesting was requested for Doug.

Result of Retesting: Date 2-14-68, Chronological Age 8 years and 9 months.

I. The Wechsler Intelligence Scale yielded the following test results: Verbal Quotient 92; Performance Quotient, 110; Full Scale, 101.

II. The Wide Range Achievement Scale yielded scores in reading, spelling and arithmetic in the kindergarten level.

As of 5-14-68, Doug's academic behavior has greatly increased. He is reading on a high first grade level and is doing arithmetic on a high third grade level.

Doug's emotional stability has increased; however, it is not on the level of his academic ability.

Recommendations:

Doug has made substantial gains in academic, emotional and social areas. However, due to the degenerating affect of the home environment, progress will be delayed and regression is always a constant factor to be expected. Due to this factor, it is suggested that Doug be retained in the Personal Adjustment Class for the next school year.

Case Report IX

Description:

Male, Chronological Age 9 years and no months. Diagnosed by a medical doctor as having no physical deviations or abnormalities.

Former School Placement:

Public school, second grade class.

Problem:

The problem was mainly concerned with poor school achievement. Eric has been observed as a withdrawn type child who would socialize with only his own brother and sister. Eric never presented any problems to the classroom or class. He would, at times, do his work and then, at other times, would sit and slip into a semi-conscious state of dreaming. This state would last for 30-50 minutes.

Considering the above data, Eric was referred to the Diagnostic, Counseling, and Remedial Center for psychological testing.

Intake Test Results: Date 10-3-67; Chronological Age, 8 years and 5 months.

I. The Wechsler Intelligence Scale for Children yielded the following Quotients: Verbal Quotient 115; Performance Quotient 129; Full Scale 124.

II. The Peabody Picture Vocabulary Test yielded the following Quotient of 142.

III. The Goodenough Draw a Person Test yielded a quotient of 102. This indicates that his ability to form concepts of increasingly abstract nature is average for a child of eight.

IV. The Frostig Development Test of Visual Perception:

	Age Equivalent
A. Eye-Motor Coordination	8-6
B. Figure-Ground	8-3
C. Form Constancy	9-0
D. Position in Space	7-0
E. Spatial Relations	8-3

V. The Bender Gestalt Test, indicated three points of neurological malfunctioning. There were four indicators, as well.

Recommendations:

Considering the above data, it was suggested that Eric be enrolled in the Personal Adjustment Class on a full time basis.

Procedures and Progress:

Eric was enrolled in the Personal Adjustment Class for the suggested full time basis.

During Eric's enrollment, he received intensive psychotherapy plus coordinated counseling and language development from the speech therapist. Eric made a gradual emergence from his withdrawn state and began to take part in the free activities the children created. He emerged slow at first; interaction with children was limited to a specific one or two. He would often stare for extended periods of time at an inanimate object.

Gradually, these periods of escape diminished to the point of being almost non-existent. Eric has assumed a heavier load of academic work and seems, at times, to enjoy the challenge. Eric has made substantial progress in the academic, emotional and social areas.

Considering the progress made, a retest was requested for Eric.

Results of Retesting: Date 1-17-68; Chronological Age 8 years 8 months.

I. The Wide Range Achievement Test yielded the following scores: Reading, 1.5 grade level; Spelling, 1.6 grade level; and Arithmetic, 2.4 grade level.

Final Recommendations:

Considering Eric's growth in the emotional and social areas, one should expect, with Eric's intellectual level, a higher degree of academic functioning. This, however, is not the case as the achievement scores point out. The need for continued work at the Center is evident. However, it is believed that a half day basis, with Eric enrolled in mornings in a regular third grade class, would be beneficial to Eric. Also summer school is being considered; however, this action must be thoroughly considered.

Case Report X

Description:
Female, Chronological Age 7 years and no months, diagnosed by a medical docotr as having no physical deviations or abnormalities.

Former School Placement:
Parochial School, regular first grade class.

Problem:
Bridget was referred to the Diagnostic, Counseling, and Remedial Center for psychological examination because of slow progress in school work.

Intake Test Results:

I. The Binet Intelligence Scale showed that Bridget has been developing mentally at a rate expressed by a quotient of 94.

II. The Peabody test consists of a series of pictures arranged four to a page. The child selects the one named by the examiner. Bridget earned a mental age of six and one half years and a quotient of 95 on the test.

III. The Goodenough test is based on the drawing of a man that the child is asked to make. Bridget's drawing was like those usually made by children around the age of five years.

IV. The Illinois Test of Psycholinguistics Abilities rated Bridget at the eight year level in ability to comprehend both auditory and visual material; but all other aspects of language development measured by the test were at or below the six and one-half year level. Ability to express ideas with gestures was at the four and one-half year level.

V. The Wide Range Achievement Test yielded the following scores: Reading, 1.5 grade level; Spelling, 1.6 grade level; Arithmetic, 0.9 grade level.

VI. The Frostig Development Test of Visual Perception yielded scores on the five subtests within normal limits except the test of form constancy on which she only did as well as most five and one-half year old children.

VII. The Bender Test rated visual motor perceptual development at the five and one-half year level. While there were some deviations usually associated with brain damage, the major impression was that Bridget performed the task in an off-hand, playful manner, which could account for the poor execution of some of the designs.

Recommendations:

Considering the aforementioned data, it was suggested that Bridget be placed in the Personal Adjustment Class at the Diagnostic Center.

Procedures and Progress:

Bridget was placed in the Personal Adjustment Class for the suggested full-time basis.

Bridget was enrolled on 5-13-68; therefore, due to this short period of enrollment, it is not possible to give an accurate report on Bridget at this time.

Case Report XI

Description:

Male, Chronological Age 7 years and 7 months. Diagnosed by a medical doctor as having no physical deviations or abnormalities.

Former School Placement:

Public School, first grade class.

Problem:

Jeffrey was referred to the Diagnostic, Counseling, and Remedial Center for the purpose of evaluation of emotional problems and other possible factors which might be affecting his present school achievement. Although he is found to have average intelligence, he is not succeeding in the first grade.

Intake Test Results:

I. The Binet Intelligence Scale yielded a quotient of 103.

II. The Peabody Picture Vocabulary Test yielded a quotient of 78.

III. The Bender Gestalt: The interpretation of Jeff's Bender Test from the viewpoint of emotional adjustment reveals four indicators. They suggest that Jeff is a child who is vacillating between acting out behavior and one who is anxious and insecure. Another indicator suggests that Jeff has a low frustration tolerance and would tend to explode. On the basis of his good Bender scores, Jeff could not be considered unduly vulnerable from the standpoint of enurological development. When well-integrated children, i.e. those with good Bender scores show emotional problems, it is usually in response to their experiences. It appears that Jeff is a child with serious emotional problems. On his other drawings, Jeff revealed feeling of defiance of authority, explosiveness and aggression. His drawings suggest that he is quite unsure of his position in life, but feels that he is beginning to find his independence.

IV. The Frostig Developmental Test of Visual Perception

	Age Equivalent
A. Eye-Motor	7-9
B. Figure-Ground	8-3
C. Form Constancy	9-0
D. Position in Space	8-9
E. Spatial Relation	Maximum Score

Recommendations:

Considering the aforementioned data, it was suggested that Jeff be placed in the Personal Adjustment Class on a full time schedule.

Procedures and Progress:

Jeff was enrolled in the Personal Adjustment Class for the suggested full time schedule.

Jeff was enrolled on 4-22-68; therefore, due to the short duration of time, it is not possible to present an accurate report on Jeff at this time.

Case Report XII

Description:

Male, Chronological age 10 years and 2 months, diagnosed by a medical doctor as having an hereditary bone disease and a history of convulsions.

Former School Placement:

Parochial School, regular third grade class.

Problem:

This boy comes from a multiple problem family. He has been subjected to economic, cultural and emotional deprivation. He has a hereditary bone disease and a history of convulsions. The convulsions started at about age 4 when he suffered from what was then diagnosed as lockjaw, but is thought now by a psychiatrist to have been generalized septicema. Richard is encopretic; this, added to other unappealing kinds of behavior, such as being a "cry-baby" and having a readiness to perceive other children as "picking" on him, intensifies his rejection by peers. His mother complains that he is destructive and lies. She reports that he does poor academic work.

Considering the above data, Richard was referred for psychological testing.

Intake Test Results:

Date 3/31/67; Chronological Age 8 years 10 months.

I. The Wechsler Intelligence Scale for Children yielded the following scores: Verbal Quotient, 95; Performance Quotient, 97; Full Scale. 96.

II. The Bender Gestalt Test shows rotation difficulty with angulation poor integration, excessive destruction, and collision. This test yielded a perceptual age of six or six and one half years.

III. Conclusions: Richard is a boy of least average intelligence. There is evidence of a disturbance in perceptual-motor function. This psychological test findings are consistent with a diagnosis of organic brain damage. The extent of impairment could be considered relatively mild. The organicity does further lower his impulse control. The boy has a poor self-image and poor relationships with others. On the positive side, he does have some capacity for emotional responsiveness and a desire to relate to others.

Recommendations:

It would seem appropriate to place this boy in a special class for minimal brain-damaged youngsters.

Procedures and Progress:

Richard did extremely well during his enrollment in this class and proceeded as far as he possibly could; however, he was seemingly having a great deal of emotional conflict.

Recommendation:

After being examined by a school psychologist and after a discussion at a general staffing, it was decided to place Richard in the Personal Adjustment Class for the remainder of the semester.

Procedures and Progress:

Richard was placed in the Personal Adjustment Class on a full time schedule on 4-1-68.

During Richard's enrollment, he has received individual psychotherapy plus coordinated counseling, arts and crafts therapy and language development from the speech therapist.

Richard's progress has been extremely satisfying both to Richard and the staff. Richard has responded well to the therapy session and a great deal of emotional conflicts have been resolved. Richard has excellent self-control and is quite stable emotionally, both in and outside of the classroom.

Final Recommendation:

Considering the great amount of achievement Richard has accomplished, it is recommended that Richard be returned to a regular public school, fourth grade class, for the coming school year.

Case Report XIII

Description:

Male, Chronological Age 9 years and 7 months. Diagnosed by a medical doctor as having possible minimal brain damage.

Former School Placement:

Public School

Problem:

The referral was made to investigate problems and other possible factors which might be affecting his present school achievement. The referral was sent to the Diagnostic, Counseling, and Remedial Center for psychological evaluation.

Intake Test Results:

I. The Wechsler Intelligence Scale for Children yielded the following quotients: Verbal Quotient, 85; Performance Quotient 107; Full Scale 95.

II. The Peabody Picture vocabulary Test yielded a quotient of 119.

III. The Goodenough Draw a Person Test yielded a quotient of 92.

IV. The Personality questionnaire yielded the following information. "Billy does not have a very good self image, is timid, and becomes upset when he is teased by others because of his learning difficulties. He sees himself as a tense individual and one who would prefer to follow his own urges. Otherwise, his opinions of himself are average for a boy his age."

V. The Bender Gestalt Test: "This tests indicates that Billy's perception has developed to about the level of an average six year old. Among the items which scored on this test, five were found to be significant indicators of neurological malfunctioning and two more were found to be highly significant. The kinds of errors made often in drawings, made by brain injured children than among children who are known to have neurological function. A highly significant factor is one that occurs almost exclusively among brain injured children."

Recommendations:

Because there are programs designed to train children with perceptomotor malfunctioning, it is recommended that Billy be enrolled in the appropriate class at the Diagnostic, Counseling, and Remedial Center to receive this specific training.

Procedures and Progress:

During Billy's enrollment in the minimal brain damaged class, Billy made excellent progress; however, he has exhibited emotional conflicts which must be resolved before regular class placement can be considered.

Recommendation:

It is suggested that Billy be placed in the Personal Adjustment Class on a half-day schedule for adjustment therapy.

Procedures and Progress:

Billy was placed for the suggested half-day schedule in the Personal Adjustment Class on 5-13-68. Due to the short duration of time, it is not possible to present an accurate report on Billy at this time.

Case Report XIV

Description:
Male, Chronological Age 10 years and 9 months.

Former School Placement:
Public School, regular class.

Problem:
The referral was made to investigate problems and other possible factors which might be affecting his present school discipline and lack of achievement.

Intake Test Results:

I. The Wechsler Intelligence Scale for Children yielded the following quotients: Verbal Quotient, 85; Performance Quotient, 68; Full Scale, 75.

II. Aphasia-had difficulty in speech, but this appeared to reflect a lack of acquisition of skill rather than dysphasic losses. Some distortial in spatial relations.

III. Neuropsychiatric tests indicate that the patients performance in a wide range of psychological stress were at a level commensurate with exceptions based on psychometric I.Q. results. Certain of the findings equivocally suggest cerebral dysfunction which if present appears to be mild and diffused.

IV. The Wide Range Achievement Test yielded the following results: Reading 3.5 grade level; Spelling 2.5 grade level; Arithmetic 4.2 grade level.

V. On the basis of these results, it is easy to understand why this patient may be having difficulty in school and why he may be showing behavioral problems. The patient does not have sufficient intellectual resources to compete in a regular classroom and he undoubtedly finds it a frustrating situation.

Recommendations:
It is suggested that this boy be placed in the Diagnostic, Counseling, and Remedial Center to receive coordinated psychotherapy, counseling, and remedial work.

Procedures and Progress:
David was enrolled at the Center on 5-6-68. Due to the short duration of time, it is not possible to present an accurate report on David at this time.

Case Report XV

Description:
Male, Chronological Age 8 years and 8 months. Diagnosed by a medical doctor as having possible thyroid condition.

Former School Placement:
Public school, regular third grade class.

Problem:
One of investigating psychological factors relating to lack of effort in doing day-to-day tasks assigned in the class. His teacher complains that the work he turns in is not comparable to the results of tests.

Intake Test Results:

I. The Wide Range Achievement Test yielded the following scores: Reading 3.6 grade level; Spelling 2.5 grade level; Arithmetic 3.2 grade level.

II. The Bender Gestalt Test consists of nine simple designs that the child is asked to copy. Analysis of reproductions of these designs has been found useful in evaluating perceptual maturity, possible neurological impairment, and emotional adjustment. "Johnny's drawings were within normal limits for children his age as far as maintenance of the basic pattern was concerned so that there were no strong indicators of lag in perceptual development. There were several deviations that have been found frequently in the records of children who tend to put little effort into the execution of tasks and who are likely to ignore details to act impulsively, and to shut out other considerations relevant to the task at hand."

III. The Children's Appreciation Test. "The child is asked to tell stories about the pictures. Johnny's stories contained themes of conflict between the younger animals and the father figures of being dependent on the mother, and of running away. He appeared to have some difficulty in organizing and expressing ideas."

"Johnny's behavior in disregarding what is said to him and his avoidance of assigned tasks is not in agreement with his assessment of himself as a conscientious, persevering person. This, together with other fairly reliable clues in the test results, seems to point to some degree of personal maladjustment.

It appears likely that Johnny is using fantasy as an escape mechanism to the degree that it would be fair to assume that he may be losing contact with reality at times."

Recommendations:

It is recommended that John be placed in the Personal Adjustment Class on a full day schedule.

Procedures and Progress:

John was placed in the Personal Adjustment Class on a full-time schedule on 5-20-68. Due to the short duration of time, it is not possible to present an accurate report on John's progress.

Case Report XVI

Description:
Female, Chronological Age 7 years 7 months.

Former School Placement:
Public school, regular first grade class.

Problem:
Since Susie does not talk outside of her home environment, and is outstandingly shy at school, the problem is one of investigating factors of intelligence, visual perception, personality and school achievement as they relate to her future.

Susie was referred to the Diagnostic, Counseling, and Remedial Center for psychological evaluations.

Intake Test Results:

I. The Binet Intelligence Scale rated Susie at a five and one-half year level.

II. The Peabody Picture Vocabulary Test yielded a score of five and one-half year level.

III. The Quick Test-Mental Age of six.

IV. The Goodenough Draw a Person Test yielded a quotient of 70.

V. The Bender Gestalt Test is used as a perceptual and projective type test with all children between the ages of five and ten regardless of intelligence, neurological functioning, and emotional adjustment. Susie's Bender score shows her developmental visual perception is between the ages of about 5½ and 6 years of age, or like a child beginning first grade. From a neurological functioning standpoint, Susie's Bender record reveals one point which occurs almost exclusively on records of children 6 years of age with neurological dysfunctioning and four others which occurs more often but not exclusively in the drawings of children with neurological dysfunctioning. The seven other errors are found frequently with all children 6 years of age. It appears that a slight chance of neurological damage exists.

Personality:
The evaluation of Susie's Bender record from an emotional adjustment viewpoint suggests that she is probably a very vulnerable child who could develop emotional problems. The indicators imply that she is a somewhat confused, shy little girl who tends toward anxiousness and withdrawal behavior and this is in line with the school's reports of her behavior.

Recommendations:

It is recommended that Susie be placed on a full time schedule in the Personal Adjustment Class.

Procedures and Progress:

Susie was placed in the Personal Adjustment Class for the suggested full time schedule.

During Susie's enrollment, she received intensive individual psychotherapy plus coordinated arts and crafts therapy and speech therapy with physical development, aided by a registered nurse.

Susie has gradually emerged from her withdrawn behavior. She has progressed to the extent of seeking interaction with her peers and verbally expressing herself. She has made excellent progress.

Due to Susie's excellent progress, a retest was scheduled.

Results of Retest:

I. The Wechsler Intelligence Scale for Children yielded the following quotients: Verbal Quotient 87; Performance Quotient 93; Full Scale 89.

II. The Peabody Picture Vocabulary Test yielded a quotient of 95.

III. The Wide Range Achievement Test yielded the following scores: Reading 1.5 grade level; Spelling 1.5 grade level; Arithmetic 1.6 grade level.

IV. The Bender Gestalt Test Perceptual Age 6½ years; Developmental Bender Score 6 years.

Final Recommendations:

Considering all of the aforementioned data, it is recommended that Susie be placed in a regular second grade class for the school year 1968-69.

Minimal Brain Damaged

Mrs. Patty Nelson - Teacher

Jackie
10 years old 2/8/58
MBD Class

1/29/65

Jack was in the first grade at this time. He was tested by the school psychometrist. He was seven years old. He scored: Binet, 89; Peabody, 106; Goodenough, 61; and Wide Range, reading - 9, arithmetic - 1.0, spelling - .0. The psychometrist felt at that time there might be some perceptual problems, but there was no class placement for learning problems of this nature.

Jackie was tested at the New Castle State Hospital at the age of 7 years 5 months. Due to the birthdate being inaccurate, Jackie's test scores were not valid.

12/18/67 C. A. 9 years 10 months
Jackie was tested by the psychometrists at the Center. On the Wechsler his Full scale score was 76. The Peabody gave an I.Q. of 101. On the Standford-Binet Jackie scored an I.Q. of 88. The Bender indicated a perceptual age of around 6½ years.

5/18/67 C.A. 9-3 12/13/67 C.A. 9-10
Frostig Developmental Test of Visual Perception

Area	Perceptual Age	Area	Perceptual Age
Eye Motor	5-3	Eye Motor	5-9
Figure Ground	4-6	Figure Ground	5-9
Form Consistency	4-6	Form Consistency	6-3
Position in Space	4-0	Position in Space	8-9*
Spatial Relations	5-6	Spatial Relations	6-0

* Maximum Score

Jackie was enrolled at the Center in January of 1967. He was placed in the class for perceptual handicapped children. Jackie had very poor motor co-ordination. He could not skip, hop, jump, run, or any other gross motor activity. When he attempted these exercises, he had no control of his balance. Miss Kintz, the school nurse, has been working with Jack on simple physical exercises such as walking straight and attempting better balance form. Jack has improved in these areas.

Academically, Jackie does not know his alphabet consistantly. He still cannot read beyond the pre-primer level. He can not add more than two numbers at a time without a great deal of confusion. Jackie has no concept of what the number 34 means or any other number beyond 10. Regardless of the concrete materials used, he cannot remember from day to day the lessons previously presented. Jackie has trouble following instructions regardless of simplicity. He has many reversals in his numbers and writing. We have traced and used almost every method known to help Jack overcome many of these characteristics, but he still cannot comprehend the concept. Jack can tell you how letters are shaped, which direction they face, ect,. but he will not be able to recognize these letters when placed before him. His visual motor problems are to a degree that he could stay on these activities another year and not make the progress expected. He cannot write on the board (legibly) for anyone to recognize the content of what he has written. Jackie can do very little on his own for desk work while the teacher is working with other children. He is a happy little boy and seems to enjoy anything you do for him.

From the latest retest it has been recommended he be placed in the mentally retarded class at his regular school. There has been so little progress with this child, and the progress he has made is not noticeable. Jack has had a lack of carryover in any of the perceptual areas he has been working. He is highly motivated on any material presented, but does not seem to understand the basic purpose for the work.

Name: Susie Birthdate: 27 September 1960 Age: 7-8

Problem:

This child refused to speak at school during her kindergarten and first grade years. She would not participate actively in any activity involving a group. Her mother stated that she talked at home, and sent a tape, recorded in the home, to her school. Her speech was unintelligible.

Initial Test Results:

Susie was tested on January 18, 1967. The following psychological techniques were used:

- Parts of the Binet Intelligence Scale for Children, Form L-M
- Peabody Picture Vocabulary Test, FormA
- The Quick Test, Form 1
- Goodenough Intelligence Test
- Bender Gestalt Test
- Observation of behavior in the classroom and during the testing period.

Intelligence Factors:

The subtests of the Binet which do not require speech were attempted with Susie. She passed all non-verbal tests through age 4½, failed one of five through the 5 year level, passed one of two at the 6 year level, and failed the only one at the 7 year level. These successes suggested that her mental level at that time was probably between 5 and 5½ years.

The Peabody Test is constructed to show verbal language development through picture-word association without the use of speech. According to this scale, Susie's vocabulary mental level at that time was about 5½ years with a quotient of 93.

The Quick Test is a verbal intelligence test which can be used effectively with children who have psychologically-based emotional reactions to using language. The results show the visual perceptual recognition of basic concepts which utilize language. Susie's scores indicated a mental level of about 6 years, which was about average.

The goodenough Test utilizes the child's drawing of a man and woman. It is classified as a non-verbal test of intelligence and reflects characteristics of visual, tactual, and kinesthetic perception. Susie earned a standard score of 70, which was considerable lower than her verbal ability.

Perception Factors

Susie's Bender scores showed her developmental visual perception to be between 5½ and 6 years or like a child in about beginning first grade. Also, a slight chance of neurological damage was reported.

Personality Factors

Susie's Bender record indicated that she was probable a very vulnerable child who could develop emotional problems. The indicators implied that she was a somewhat confused shy little girl who tended toward anxiousness and withdrawal behavior.

School Achievement Factors

It was reported that Susie could be expected to have considerable success in school work since her visual perception and school skills were only slightly below expectations.

Recommendations

Susie was referred to the Diagnostic, Counseling, and Remedial Center for further evaluation and possible therapy.

Procedures

Susie was enrolled in the class for personally-maladjusted children in February of 1967. She also was enrolled in a program designed to foster language development, verbal expression, and, later, speech improvement and speech therapy.

Progress made in language program

When Susie first came to the Center, she would not participate in any activities, verbal or non-verbal. She would not utter a sound, regardless of how enticing the situation was made. We could not even get her to cough, make animal sounds, or nod her head. She ignored everyone in the classroom, in the hallway, and on the playground.

After she felt relatively at ease, she would do school work assigned, as long as no communication was required.

Presently, Susie is communicating somewhat spontaneously with all of the children in her classroom, most of the children in one of the other two classrooms, her classroom teacher, the nurse, the counselor, the Arts and Crafts Therapist, and the Speech and Hearing Therapist. She participates wholeheartedly in all activities, both inside and on the playground.

She is still somewhat embarrassed about her speech, which has improved considerably, but is still quite difficult to understand.

Final Recommendations

Susie is to be enrolled in her regular school full-time next fall, and will be there on a visiting basis for the last two weeks of the present school year.

Philip
10 years old
MBD Class

1/19/67

Philip was tested when first enrolled at the Center. He was in the third grade at his regular school and having many problems in academics and social adjustments. His testing indicated Wechsler, I.Q., 93; Peabody, 102; Goodenough, 95; Wide Range, reading-beginning third grade, spelling and numbers-beginning third grade. It was felt Philip has perceptual and gross motor problems which reflected on his regular school work.

1/31/67 C.A. 9-5

Area	Perceptual Age
Eye Motor	5-9
Figure Ground	4-9
Form Consistency	7-0
Position in Space	8-9
Spatial Relations	7-6

5/18/67 C.A. 9-9

Area	Perceptual Age
Eye Motor	10*
Figure Ground	6-6
Form Consistency	9-0
Position in Space	7-0
Spatial Relations	8-3

*Maximum Score

12/12/67

Philip was given a grade placement test to evaluate his academic readiness to return to his regular school, On the Wide Range Philip's reading level was 5-0, spelling 3-7, and arithmetic, 4-2. The Los Angles Diagnostic Test in numbers indicated adding 4-5. substraction 4-4, multiplication 4-5, and division 4-2.

Philip was enrolled at the Center in January of 1967. At this time he had very grossly distorted motor co-ordination. He would walk down the steps one step at a time with both feet on the same step. He could not crawl, skip, hop, jump, or run without exerting himself to exhaustion. Philip was anti-social in his school environment. He did not want to do any activity with the other children, During free play time, Philip would get a book and isolate himself from the activities going on around him, regardless of the noise or motion, Philip had a very low frustration point which he revealed in his academic work or in almost any assignment he had. The least conflict he encountered would bring on tears and physical deflation. Philip was individually instructed in his number work. In this area he made excellent progress, but this was the academic area which frustrated him the most. In the spring of the school year 1967 Philip was recommended to be placed at the Center part time for the Fall of 1967. His mornings would be at the regular school and the afternoons at the Center. During this period Philip was given more conflicting situations and harder academic work. He adjusted more socially and was better able to meet the academic demands placed upon him. Philip improved in motor coordination, but still had difficulty with gross motor activities.

Philip was left handed which slowed him down in his written assignments. At his regular school the teacher he had previously was not too understanding of this problem and made additional pressures on Philip. During Philip's period at the Center he improved in this area.

Because of Philip's academic progress and perceptual progress he was returned to his regular school in Febuary of 1968 for full time placement. He was very happy with the placement and has been succeeding as well as can be expected of a boy with Philip's disabilities and social problems.

Lillie
9 years old
MBD Class

10/24/67

Lillie was tested by the school psychometrists. She was in the second grade at her regular school and was 8 years 8 months old. She scored 94 I.Q., on the Binet; Goodenough, 78; Bender-Gestalt, 5½ years; Wide Rance, reading-middle first grade, arithmetic, middle first grade. The recommendation was placement in a program for perceptually handicapped children. There was not an opening at that time at the Center.

12/12/67
During the first testing it was discovered that Lillie had severe visual problems and that more valid test results would be obtained after the problem of vision was accurately diagnosed and corrected if possible.

3/1/68
Lillie was 9 years old and in the second grade. Her Wechsler I.Q., score was 89. On the Peabody she scored a C.A. of 7 years. Her reading achievement was at the level of the first grade.

12/2/67 C.A. 8-9 (without glasses) 3/1/68 C.A. 9-0 (with glasses)
Frostig Developmental Test of Visual Perception

Area	Perceptual Age	Area	Perceptual Age
Eye Motor	6-0	Eye Motor	5-9
Figure Ground	6-0	Figure Ground	8-3*
Form Consistency	4-0	Form Consistency	7-6
Position in Space	6-3	Position in Space	7-0
Spatial Relations	6-0	Spatial Relations	8-3*

* Maximum Score

Lillie was enrolled 3/18/68. At this time she displayed many characteristics of the minimal brain damage child. She had rotations and approached her work with a very awkward physical attempt. It had been found that she was blind in her right eye. Because of this handipap, Lillie had been delayed in her academic work in her regular school. She displayed ample motor control and could do the physical activities such as hoping, crawling, skipping, and running with ease. Lillie had come from a very poor background which could also have affected her academic work in school.

Lillie has severe problem in visual motor activities which could be expected. She would be so distorted physically when working of Frostig or any other materials that her work was poorly constructed. There has been a great improvement in her work over the past few months. She is reading at the second grade level more fluently and can do number problems with more difficult concepts. Lillie has adjusted very well to the class environment. She has a very short attention span and displays a laziness in doing her work by herself. This could come from her experiences in the regular class where she was not made to do the work. There has been an improvement in this area. She is better able to follow instructions, and she is showing a more optimistic attitude to her school work. Lillie still has an awkward approach to much of her work, but she is right eye dominate and right handed. This will always be a problem for her because of her handicap in her right eye. The program seems to be helping Lillit a great deal in the areas she had previously not been making progress. Lillie is to be placed in the MBD classroom the next Fall for more work in the perceptual and academic areas.

Billy
9 years old

Billy was enrolled in the Educationally Handicapped Class in the Washington School Unified District in California. He was not able to do work in his regular class when he started school. He had some indication of emotional problems but they felt at that time they were not the primary reason for Billy's learning problems.

On October 9, 1967 Billy was enrolled from the second grade in his regular school in Terre Haute. He was 8 years 11 months old. He was tested at the Center. His Wechsler was 95. On the Binet he scored 80. The Peabody showed an I.Q., of 119 and the Goodenough was 92. The Bender did not show any signs of emotional problems, but Billy did seem to have a very poor self image. The Bender showed significant figures for neurological malfunction.

11/1/67 C. A. 9-1
Frostig Developmental Test of Visual Perception

Area	Perceptual Age
Eye Motor	10*
Figure Ground	8-3
Form Consistency	7-6
Position in Space	6-3
Spatial Relations	7-6

*Maximum Score

Billy started class at the Center in October. He was enrolled in the Perceptually handicapped classroom. Billy felt he couldn't do any thing because he was "retarded". He would use this as an excuse for not doing his work. Billy has good motor control when observing him playing and moving with the other children. But he cannot skip, hop, jump, or crawl with the ease he should be able to for a boy his age. We have worked in this area. There has been some improvement, but he still needs to practice these skills. Billy is reading at the pre-primer level. His number work is at the first grade level and he can barely spell.

Billy has been doing an excellent job in the perceptual areas. He has had little trouble adjusting to this type of material. Billy still has not made progress in the academic areas. He displays very immature actions for a boy his age. He acts like a pouting child when he does not get his way and when he is faced with a more conflicting situation. Billy has the measured intelligence to learn, but is not doing so. He has many problems which originate in the home environment. It could be due to the home situation that Billy has many additional problems he cannot cope with. He still does not know his alphabet consistantly and cannot recognize his numbers above ten. He has to go back to the number 1 to tell you what 7 looks like. Billy does not have reversals. He has beautiful printing and can write cursively to a degree that is very acceptable.

Because of the problems this child is conflicted with,it was recommended he be placed part-time in the Personal Adjustment Classroom. There he could receive the individual therapy he needs to help himself adjust to his role in society. He is working on academic and perceptual materials in the MBD classroom and is receiving individual therapy from the councelor and the teacher in the Perceptually Handicapped classroom.

Brent
10 years old
MBD

3/6/67

Brent was tested by the psychometrists from his school. He scored Wechsler, 105; Goodenough, 100; Bender, indication of neurological impairment from rotations and hyperactivity.

Brent was referred for testing because of classroom behavior. He was constantly in trouble and would not do his lessons. He could not be contained in the regular classroom. There was an indication of some emotional problems.

Many of Brent's problems seemed to be incited from the parent's pressure to make straight A's in school and to be a model pupil. Brent was not capable of handling the situations presented him. This caused him to react in the manner described above. Brent was falling behind in his academic work, which added additional pressure. He had measles followed by high fever when he was younger. Up to this point he did not have these problems.

Brent was enrolled in the MBD class in the Fall of 1967. He was on medication at this time. The medication seemed to be helping Brent. He was a model pupil in the class. He had good motor co-ordination and was advanced in the finer motor movements. Brent experienced some difficulty in the perceptual areas, but because of the type of classroom and the environment, he soon became quite accomplished in these areas. We started working on academic areas. Brent had been working at the third grade level in reading while in the fourth grade, and his number work was at the fourth grade level in the fifth grade. Individual instruction helped Brent to progress to the fifth grade level in both areas. Through counseling, Brent realized the impossible goals he had set for himself and worked toward making more realistic goals. Brent was taken off his medication in December by the doctor. The doctor wanted to know how Brent would react under the influence of no medication. The Center would be a good place to try this because of the more controlled and supervised staff. Brent was off his medication for one month before we knew he was not taking the medication. At this time Brent had no alterations in his behavior. He was able to help himself adjust to the problems presented. After staffing Brent it was recommended he return to his regular fifth grade class. At this time his teacher was contacted and conferences set. The school was very hesitant to have this child return to his fifth grade class. After counseling and conferences Brent returned to his regular class. The teacher was very pleased with Brent's actions and felt he was making the proper adjustments. Brent has been in his regular class since February and has been making excellent progress. The parent's are more understanding of Brent's problems and are co-operating with the school .

Robert
10 years old
MBD

Robert was enrolled at the Center in January of 1967. He was previously enrolled in the class for mentally retarded in his school district. He had also been placed in the class for Personal Adjustment, but this situation did not prove to be the proper placement. Robert was handicapped on the right side of his body. Due to his being right side dominant this presented a problem to Robert on his academic accomplishments. He was injured by a bullet wound on the left side of the head at the age of three which left him in this condition. Robert was hyperactive and could not be contained in his chair throughout most of his period at the Center. Robert read at the pre-primer level, when he wanted to read. He would read a few words and then be done with the work. He would do a few simple addition problems and then quit working. His attention span was limited to 3 minutes when he was highly motivated. It had been felt that Robert had gross brain damage. Robert worked on the perceptual materials that should have given him some feeling of achievement, but these did not hold his attention. He was bothersome to the other children and would not let them do their work.

Through rigid discipline and special techniques with Robert, he finally progressed to where he would stay in his seat for a longer period of time and was more sociably acceptable to the classroom environment. Robert was retested in October, 1967. At this time he had gone down almost 10 points on his I.Q. to the level of 71. Because of the quotient obtained and due to the fact he was better able to handle himself in the classroom situation he was placed back in the mentally retarded classroom at his regular school. There he has adjusted as well as could be expected. He is making some progress in the way of social behavior. This is also helping him in the academic areas.

Richard
9 years old
MBD Class

3/31/67

Richard was tested by the Adult and Child Guidance Clinic in Terre Haute. The testing indicated by the Bender Gestalt was; hyperactivity, impulsivity, and shifts, distortions and poor integration. His preceptual age was 6 years old. The Wechsler Full Scale was I.Q., 96. Richard was also given the Rorschach. There were many indications of emotional disturbance, but the Clinic felt Richard would profit more by placement in a perceptually handicapped class.

11/1/67 C. A. 9-5
Frostig Developmental Test of Visual Perception

Area	Perceptual Age
Eye Motor	10*
Figure Ground	8-3
Form Consistency	9-0
Position in Space	8-9*
Spatial Relations	8-3

* Maximum Score

Richard was enrolled at the Center in the Fall of 1967. He came from a (parochial) school where he was not making academic progress and was causing considerable problems to his teachers. Richard is from a family on welfare. The father is not in the home. Richard and his four other brothers have a bone disease which is incurable. It does not cause them to look physically handicapped, but it does interfere with physical activities to a degree. The main part of this disease is located in the arms.

Richard was enrolled in the perceptually handicapped class at the Center. He was in the classroom until the beginning of April. Richard was making excellent progress on the perceptual materials, so this part of his program was eliminated for more academic work. Richard was behind in his reading and number work by almost a year. He progressed to where he was doing his work on the level he should have been in his regular school. Richard was still showing definite signs of emotional disturbance. He was not ready to return to his classroom because of this factor. Richard has accomplished all the MBD class was proposed to do. It was felt he needed help in the areas of emotional stability. Richard was transferred to the Personal Adjustment Class at the Center. He was very happy about the placement and is getting along very well in his academic work. This placement has proved to be the best for Richard at the present. Until the emotional factor is lessened or eliminated Richard will remain at the Center.

Doug
7 years old
MBD Cladd ½ Day

9/13/67

Doug was tested at the Center by the psychometrists. He was in the first grade for the second time and was 7 years 3 months old. His Binet score was I.Q. 91. On the Peabody Doug scored 7½ years, and on the Goodenough he scored 81. The Bender indicated scores two standard deviations below normative score, being 5-5½ years. The Bender indicated impulsiveness and restlessness. Perceptual maturity indicated borderline between retarded, but that he was educable and a slow learner. On the Wide Range Doug was reading small words at the middle first grade. His arithmetic was at the beginning first grade and spelling was at the kindergarten level. He prints his name left to right. From this testing it was felt Doug has the tendency to develop emotional problems, but with proper instruction now he may not.

11/20/67 C. A. 7-3
Frostig Develppmental Test of Visual Perception

Area	Perceptual Age
Eye Motor	5-3
Eigure Ground	6-0
Form Consistency	7-6
Position in Space	5-6
Spatial Relations	7-6

From Doug's testing it was recommended he be enrolled in the perceptually handicapped class at the Center. There was not an opening till 3/18/68. It was felt Doug did not need full time placement, because he was to be working in the perceptual areas, without emphasis on academics. Doug adjusted to the class readily. He comes from a very nice home. His father died three years ago. Doug experienced seizures when he was younger and is now under medication. He has bad allergies and has been taking additional medication for this.

Doug has been working on perceptual and motor activities only at the center. Doug definitely has perceptual problems. His physical approach to the materials is distorted. Doug has difficulty following directions and is slow in doing his work. He has improved in this area, but needs further instruction. Doug's motor co-ordination is very poor. He can not crawl, hop, skip, jump, run, or any other motor activity without great clumsiness and poor rhythm. Doug displays this same pattern when playing an active game or a game that requires (agile) movements. Doug is a stutterer. Many times the ideas he expresses are so incoherent they cannot be understood. This was readily apparent when he was on the medication for allergies. Doug is doing much better at his regular school in his academic work. It has been recommended he return and be placed with the same schedule for the coming school year.

Jay
10 years old
MBD Class

12/1/65

Jay was in the first grade and 7 years 11 months old at his first testing by the school psychometrists. His Binet was 82, Goodenough 60, and Wide Range-reading,1.3, spelling, 1.3 arithmetic, 1.4. Jay was classified as a slow learner at this time.

11/16/66
Jay was tested at the Center. He was in the second grade and was 8 years 9 months old. The Wechsler scored I.Q. 93. The Peabody scored 8 years. The Goodenough was 7 years old and the Bender was 6-6½ years old. Wide Range placed Jay's reading level at 1.9, arithmetic at 1.3, and spelling at 1.9. The Bender indicated neurological impairment.

5/18/67 C.A. 9-4 2/7/68 C.A. 10-1
Frostig Developmental Test of Visual Perception.

Area	Perceptual Age	Area	Perceptual Age
Eye Motor	4-0	Eye Motor	7-9
Figure Ground	4-6	Figure Ground	8-3*
Form Consistency	6-0	Form Consistency	8-3
Position in Space	6-3	Position in Space	8-9*
Spatial Relations	8-3	Spatial Relations	7-6

* Maximum Score

Retest 2/16/68
Jay was given the Wide Range. His reading was 2.5, spelling, 2.0, arithmetic, 2.1.

Jay was enrolled in the Center in January 1967. He is a very hyperactive child, always in a constant state of motion. He cannot sit in his chair for 10 minutes without falling out, or wrapping himself around the chair like a contortionist. Jay has very poor motor control. He does not run with an even gate. He cannot skip, hop, or jump, with any rhythm or good body control. Jay makes very peculiar facial expressions when he is concentrating on certain objects or when he is trying to do work at his desk. His eye movements are very irregular and jerky. This is very apparent when he is reading. He has great difficulty focusing on the page and is constantly losing his place. Jay is reading on the second grede level and is making slow progress. He does not concentrate on the whole work. Any work that starts with "th" is always this regardless of the sentence or meaning of the content. Jay is doing borrowing and carrying in his number work. He can do these problems, but has a lot of mistakes in the addition or subtraction process, even though he understands how to do the problem. Jay has made some progress in the perceptual areas, but he needs more work on perceptual materials. Jay has a very short attention span. He can work when totally supervised, but has difficulty keeping to the task at hand when he is working on his own. Jay will be returning to the Center for the coming school year.

Jim
8 years old
MBD Class

10/6/66

Jim was tested by the psychometrist at the Center. His age was 7 years 1 month. The Binet Score was 110. On the Peabody he scored 102 and his Draw a Man scored an average of 7 years. On the Durrell he was unable to read 1st grade material. His listening comprehension was 3rd grade. He could name less than half the capital and lower case letters of the alphabet. His arithmetic was about the second grade level without reading. The Visual Motor Gestal Test showed a Perceptual score of $5\frac{1}{2}$-6 yrs.

5/2/67 C.A. 7-8 (individual) 5/18/67 C.A. 7-9 (group)
Frostig Developmental Test of Visual Perception

Area	Perceptual Age	Area	Perceptual Age
Eye Motor	5-9	Eye Motor	4-3
Figure Ground	10	Figure Ground	6-6
Form Consistency	6-9	Form Consistency	8-3
Position in Space	6-3	Position in Space	8-9
Spatial Relations	6-6	Spatial Relations	7-6

2/20/68 8 years 6 months
The Illinois Test of Psycholinguistic Abilities scored Jim near or above his age level. The Bender showed scores that were not too deviant for his age.

Summary and Recommendations at this time indicated that Jim lacked much of the motivation he needed for academic success. It was felt this could be due to the home environment.

Jim was enrolled at the Center in January of 1967. He was not reading any materials except a few pre-primer books. He did not do any number work except simple addition and subtraction problems. Jim did not recognize his alphabet consistantly. He had reversals and did many of his writing tasks in mirror writing. He had a short attention span and did not complete much of his assigned work.
Jim can now read on the first grade level. He has great difficulty following along while someone else reads. He is constantly losing his place. He forgets to point to the words as he follows along which would help him if he would remember. Jim goes in spurts on his academic growth. He is a great daydreamer and is always looking out the window or playing with his pencil. Jim has an abundance of material wealth and loves to share it with the other children.
He can be so excited over very immaterial things, but does not display this (enthusiasm) in his school work even though he can make progress that is apparent to himself, Jim works when he is pressured, at other times he cannot work unless the teacher is constantly reminding him he has something to do. Jim has a considerable knowledge of the practical applications of academics when he wants to apply them. He still has reversals. He has made progress in the perceptual areas, but he has difficulty following the directions and many times simply cannot do the work especially in the

visual motor areas. This reflects in his printing and reproduction of work. He does not trace or outline with the efficiency of a boy his age. Jim has good prognosis when he applies himself. He is to be placed in the Center for the following school year. Jimmy needs much work on motor activities. His parents have helped him at home, but he cannot jump, skip, hop, or crawl without poor body coordination and rhythm.

Lisa
8 year old

Lisa was enrolled at the Center in the Fall of 1967. She was in the second grade at her regular school, but was functioning on the first grade level.

4/13/68 C.A. 7-8 3/26/68 C.A. 8-10
Frostig Developmental Test of Visual Perception

Area	Perceptual Age	Area	Perceptual Age
Eye Motor	7-9	Eye Motor	10 *
Figure Ground	8-3*	Figure Ground	8-3*
Form Consistency	3-0	Form Consistency	8-3
Position in Space	7-0	Position in Space	8-9*
Spatial Relations	8-3*	Spatial Relations	8-3*

* Maximum Score

3/27/68
Lisa was tested at the Center. She was 7 years 8 months old. Her scores were Binet, 89; Peabody, 6½; Goodenough, 10yrs.; Wide Range, reading 1.6, spelling 1.6, arithmetic 1.0. Her Bender was 5½-6 years old.

Retest 3/68
Lisa was given the Wide Range test to see if she could function academically in her regular class. Her scores had improved in reading 1.6 to 2.0, spelling 1.6 to 2.3, and arithmetic 1.0 to 2.8. She has made considerable progress in the perceptual areas.

When Lisa was enrolled in the perceptually handicapped class in the Fall of 1967, she could not read the pre-primer readers. She could do only simple number computations. She has increased in the perceptual areas to a degree that has affected her academic work. She is presently enrolled in the regular school second grade class for ½ day. So far she has been getting along very well. She still has difficulty in her reading skills, but she is making rapid progress. Lisa can now do number work at the third grade level. She is using the carrying principles and is understanding her number concepts. Lisa has made so much progress this past year in all areas it does not seem possible. She has completed the Frostig Program and has scored maximum in all the areas. Lisa has learned to write cursively. Her writing is neat and very uniform.

Lisa never had problems with motor control. She is a very graceful little girl and very agile in all exerciees and activities. She did display a distorted approach when she physically approached her work, but does not display this approach now. Lisa will have been retained a year according to the regular school placement, but progress and success she is making now more than makes up for the year she is retained.

Susan
7 years old

Susan was in the first grade at her regular school. She was tested by the psychometrists at the Center. Her age was 7 years 3 months. Susan was thought to be mentally retarded from the way she was observed functioning in the classroom. She was recommended for further testing at the Center. The Binet was 120. The Peabody I.Q. was 106 and the Goodenough was 96. On the Wide Range Susan was functioning on the 1.7 level in reading, 1.6 in spelling and 2.2 in arithmetic; The Bender indicated there might be a neurological impairment. Susan has very poor visual motor co-ordination.

3/68 C. A. 7-3
Frostig Developmental Test of Visual Perception

Area	Perceptual Age
Eye Motor	7-9
Figure Ground	5-0
Form Constancy	6-0
Position Space	6-3
Spatial Relations	6-6

Susan has been in the class two weeks as of the writing. She has been working on perceptual materials and some academic work. Susan is definitely not retarded. She has been quick to catch on to the materials and methods used. She has not been enrolled long enough for a progress report or comparisons as to her achievements before coming to the Center. It is apparent that this child possesses a greater academic ability than previously thought.

Gigi
10 years old
MBD

11/22/68

Gigi was tested by her school psychometrist. She was in the third grade and was 8 years 11 months old. Her scores were Wechsler, 90; Goodenough, 11 years; Peabody, 8 years; Bender, 8½-9 years; Wide Range, reading- second grade, spelling- second grade, arithmetic - second grade with no reading.

Gigi has epilepsy. She has severe petit mals. These are controlled by medication. She is taking the maximum amount she can at the present.

1/18/68
Gigi was tested by the psychometrists at the Center. She was 10 years 1 month old. Her Wechsler was 81. She had gone down 9 points from the last testing. On the Wide Range she was reading- 2.3, spelling- 2.5, arithmetic- 2.6. Her Bender was 7-7½ years old. The conclusions were showing that her rate of mental growth is slowing. The primary cause it is felt is due to the physical problems, but the perceptual problems were a contributing factor.

Gigi was recommended for placement in the Physically handicapped Class at the Laboratory School at Indiana State University for this past school year. Due to transportation problems she could not be enrolled. She was placed in the perceptually handicapped class because of the minimal brain damage diagnosed. Gigi has been in the class since the fall of 1967. She has had many stages of severity in her petit mals which in turn have affected her academic and perceptual growth. Gigi has a very irregular rhythm in her speech, motor co-ordination, and reading rate. This could be due to her petit mals. She has worked very well in the classroom environment at the present because of the lessoned stimuli that might stimulate her seizures. Now Gigi can work through any type of noise or activity that is going on in the room.

Gigi has been doing very acceptable work in the preceptual areas. Many days she has difficulty but this could be due to her seizures. Gigi is a very pleasant girl and is quite motherly to all the other children. This last year she started her menstrual periods. Her seizures seem to be affected during this time of the month. Much of Gigi's problem could be due to this factor in that the change in the chemical make up of her body might be reacting to the medication.

It has been recommended that Gigi be placed in the Physically handicapped class at the Laboratory School. Her problems are seemingly more of the physical nature than perceptual nature. She could make the adjustment very well and would be a great addition to the class because of her ability to help other people and her attitude to work. Transportation has been arranged.

Terry
Age 10
Remedial Reading Class
Fifth Grade

Terry is enrolled in the Center for remedial reading classes. He has many school problems in all academic areas. He is working with the nurse, art therapist, speech therapist, and counselor. Terry is in the Minimal Brain Damage Class for one hour every day. He is in the room for number work and any other work necessary. Terry is behind in his number work due to his inability to read the books at his regular school. He has been reviewing the major number computations such as carrying, borrowing, multiplication and division. Terry makes many mistakes in his adding and subtracting processes. He still counts on his fingers. Terry has been making progress. I feel that he is achieving a better understanding of the number concepts and their relationship to one another in problems. He is putting forth a great effort to try to understand his work and is very co-operative in all areas.

David
10 years old
Social Adjustment Class

David had been enrolled previously in the MBD class in January, 1967. He was placed in the Social Adjustment class in the Fall of 1967. David was excluded from classes in the Center for six months. He is now on probation with the Center due to his behavior problems and actions. He could be termed a 10 year old juvenile delinquent. At the present he is enrolled for a short period every day in each class. It had been felt this type of program would be better for David due to its structure and opportunities. He is doing number work in the MBD class. Some social interaction on a very structured basis is being conducted for his benefit.

David is demonstrating that he has a greater mental ability for academic work than was expected of him. When he tries he can absorb quickly the number concepts and do near perfect work. David is not given the opportunity to take advantage of any situation. The program seems to be working very well for him, considering the problems he presents.

Lonnie
10 years old
I.Q. 89
Social Adjustment Class

Lon is a boy with many problems relating to home, school and emotional conflicts. He has been enrolled in the Social Adjustment Class at the Center. During staffings it was recommended that Lon spend some time in the MBD Class. Due to the environment and the type of children in the classroom, Lon seemed to get along very well in this situation. He has been in the class in the afternoons the past month. Lon has demonstrated that he can control himself in a very structured situation. He is constantly busy and is performing very well in the academic areas of numbers, English, and social interaction. Lon has been very considerate of the other children and is respected by the pupils. He has been given the opportunity to display group leadership and has experienced many activities which he can enjoy and relate to himself. Lon has been very proud of his accomplishments. He has been an ideal student in so far as I have had no trouble with him in discipline and pressure situations. Lon is receiving individual instruction and group therapy and play activities. Lon is also demonstrating he has a greater academic potential than the testing records indicate.

For a detailed case study of this boy, please refer to "LonD-CASE STUDY III IN SOCIAL ADJSUTMENT" elsewhere in this report.

Susie
8 years old
Personal Adjustment Class

Susie was placed in the MBD Class for a week in the afternoons. This placement was recommended for Susie to present her with a different situation, less familiar and more conflicting. Susie did not talk to anyone when she was first enrolled in the Center. Since that time she had demonstrated that she can talk and will talk in the proper environment. Susie was not familiar with the children in the MBD class and therefore could easily have resorted to her former behavior. She verbally interacted with the other children and showed definite signs of being able to adjust to a strange situation. Susie was readily accepted by the children and responded to their friendliness. She established rapport with all the children by herself, and displayed a good working relationship with the teacher. This was a very definite example of the multidiscipline approach in the Center and was very beneficial for her own teacher to observe Susie's immediate reaction to the situation.

Social Adjustment Class

Mrs. Mildred Hughes - Teacher

DenA - CASE STUDY I IN SOCIAL ADJUSTMENT

Description of Student

Intelligence:

Binet (12/66) quotient = 96 (CA = 8-4); WISC (11/67) verbal quotient =97, performance quotient = 103, full scale quotient = 100 (CA = 9-4), Average intelligence indicated by testing and borne out in special class performance from 9/67 to 4/68.

Achievement:

On the Wide Range Achievement Test, DenA achieved the following grade equivalents:

Date	CA	Reading	Spelling	Arithmetic
Dec. '66	8-4	2.7	2.3	3.0
Nov. '67	9-3	3.1	2.6	3.2
Feb. '68	9-7	3.3	2.7	4.2
Apr. ' 68	9-9	3.8	3.0	3.9

Thus, when DenA returned to his regular third grade class in April of 1968 he was at grade level in reading and arithmetic, and not seiously below grade level in spelling.

Personality:

Bender Gestalt (Visual-Motor Test) (12/66) produced numerous emotional indicators.

Children's Personality Questionnaire (12/66) - described DenA's outgoing, emotional nature; disregard of criticism: adventurous and impulsive nature, disregard of danger signals. When retested 11/67 and 2/68 using the CPQ, he showed progressive tendencies toward the normal, or average for boys his age in 13 of the 14 factors of personality measured. In respect to the remaining factor, which is described as dominance and is made up of components related to feelings of stubbornness, DenA seemed to have developed a little beyond the average range for boys his age.

Family Background:

DenA is the next to the youngest in a family of five children by his father's second marriage to a woman 12 or 15 years his junior. DenA has always resented his younger brother whom he has felt usurped his place as the baby in the family, according to his mother. There have been marital difficulties and the household seemed to be in a confused, haphazard state when the social worker visited the home prior to, and since DenA's placement in a special class for social adjustment.

Physical Health:

At the age of six, DenA had a kidney infection accompanied by a high fever and periods of irrationality over several days during which he talked as though he were out of touch with reality, according to his mother's report. Otherwise he has been in good physical condition. Dental care has been poor.

Problems Which Caused Referral

In referring DenA for special testing, his 2nd grade teacher in 2/66 stated: "He is an extreme behavior problem both in and out of the classroom. He eats anything within reach such as crayons, paper, and pencils; talks out; and plays continuously. He has never acquired work habits and skill necessary for second grade work, and as the year progresses he lags farther behind. Since he is unable to experience success in his subject matter, this most likely tends to aggravate his behavior."

In the concluding statement of the 12/66 individual psychological testing, his problem was summed up as being "emotional in nature, based on reported misbehavior, factors of personality, and the numerous emotional indicators."

Recommendations

On the basis of the psychological testing in December 1966 reported above, "it was recommended that DenA be referred to the Diagnostic, Counseling, and Remedial Center for further study and possible remediation in the form of helping to bring about more acceptable social behavior." He was enrolled in the Special Class for Social Adjustment in September 1967.

Grade Placement

On the teacher recommendation, he was retained in 2nd grade "since his work is far below passing. In this particular case, it is rather doubtful that this will solve or improve his situation." He repeated 2nd grade with another teacher during the 1966-67 school year, attended the Special Class for Social Adjustment at the Diagnostic, Counseling, and Remedial Center from September 1967 until mid-April 1968, and returned to a combination 2nd and 3rd grade class at his regular school to complete the 1967-68 school year.

Procedures Followed

From the beginning, the Special Class for Social Adjustment has been conducted on a "reward and punishment" basis. A daily record of each student's behavior is kept: every positive behavior receives the allotted number of plusses; every negative behavior receives the allotted number of minuses. A tally is made at the end of each school day to determine the choice of privileges and duties within the classroom and school for the next school day.

Emphasis was placed on good health habits as a basis for success in school. Since DenA often came to school tired and hungry in the early weeks of school, a daily check on bedtime and breakfast content was conducted. Development of his own responsibility in evolving and maintaining these basic patterns of functioning in these essentials was discussed and planned. Students bring their lunches to school but failure to bring his, especially during the first months of attendance at the Center, presented a chronic problem for DenA. His social worker helped greatly in the resolution of these problems by conferring and planning with DenA's parents. The nurse and guidance counselor also lent valuable assistance in the concerted efforts made to have DenA arrive at school in good physical condition.

Regular school texts and workbooks were not used with DenA until he had made sufficient progress in behavioral control so that we were able to plan for his return to the regular school setting. We drew heavily on the basic resources of the Center (Fitzhugh PLUS Program for "Perceptual Learning and Understanding Skills -- Language and Numbers, Levels 2, 3, and 4"; book and music library; Continental Press materials for strengthening mathematics skills (number concepts, measurement and time concepts); resources of the Center's Special Reading Room, such as Keystone Overhead Projector with tachistoscopic "Flashmeter" and accompanying Perceptual-Span Development Series-"Tachistoslides" of Dolch Basic Sight Vocabulary, Dolch Nouns, Dolch Phrase-Sentence Series, Nichols Series, and Minnesota Efficient Reading Series; Bell and Howell's "Language Master" with its Phomics Program and Word-Picture Program, etc.; innovative teaching materials from the Vigo County School Corporation's Instructional Materials Center (IMC) which is housed on the ground floor of the Booker T. Washington Building where the Diagnostic, Counseling, and Remedial Center is located. The latter materials include a large and growing film library, framed paintings library, programmed instruction materials, a record library, etc.

DenA brought an unresolved speech problem with him to the Center in the form of difficulty in pronouncing the "r" sound. The Center's Speech and Hearing, and Language Development Therapist worked with DenA on a three-times-a-week basis for the seven months he was a student of the Social Adjustment Class. He made great progress in overcoming this problem, and responded well to the Language Development Program conducted during the latter part of his stay in the Special Class for SA.

DenA participated in individual and group counseling sessions on a semi-weekly basis and attended daily arts and crafts classes either individually or on a small-group basis. It is felt that both of these therapies contributed a large share to DenA's progress in solving the problems for which he was originally referred. One of the Center's psychometrists, a seasoned teacher with a broad background of experience, was an invaluable resourse person in planning instruction, disciplinary measures, and in tiding over some of the initial "rough spots" of management of the type of behavior problem DenA represented. The Center Director also lent invaluable assistance whenever needed, as did all members of the Center's staff.

Progress

DenA responded favorably to the instructional and therapy program conducted in the special class and in the adjacent therapy rooms of the Center. He learned to control his aggressive behavior by changing active fighting behavior to a form of shadow-boxing, and then satisfaction in earned free play or success in academic tasks. He knew what had caused his placement in the Center, and as he developed more acceptable school behavior he gained satisfactions which promoted further conforming behaviors and seemed to reinforce his basic desire to return to the regular school setting.

His special class teacher paid a visit to his regular school early in March to confer with the teacher in whose class we hoped he might be placed in another month or six weeks. It happened that she was the same teacher with whom he had repeated second grade and from whose class DenA had been sent to the Center. She now has a combination second and third grade. She was very apprehensive at the prospect of having DenA return since she remembered him as an extreme behavior problem and said she already had her hands full with a number of students who presented problems not very different from those which had caused DenA's referral to the Center. When assured that he had made noticeable progress in controlling his behavior and that our guidance counselor would help in DenA's readjustment at the regular school setting, the teacher was willing to have him on a trial basis. She supplied a set of the books and workbooks in use by her class and information which would be helpful in readying DenA academically for return to this class. He was delighted to have his books and applied himself vigorously to catching up in all subjects.

Final Recommendations

DenA was recommended for placement in a combination second and third grade class in his regular school being taught by the same teacher from whose second grade class he was referred to the Center last school year. It was felt that he would gain great satisfactions from succeeding in this class and with this teacher. He returned to regular school in April and as of this writing (end of May) all reports have been very encouraging. The teacher says DenA is a "changed boy, a model student both in behavior and work habits, and an asset in the class instead of a liability."

In the transfer summary which was sent to the school at the time of DenA's return in April, the teacher of the special class wrote: "DenA wants very much to succeed in his regular school. He knows why he came to the Center and what is required of him to function adequately in his regular school setting. The Center's guidance counselor will continue to counsel with him and to help him over the rough spots of adjustment to his regular class and school. We have found him an enthusiastic, responsive student and hope that he will continue to achieve the success he very much needs. and deserves"; the guidance counselor at the Center wrote: "The impulsive actions, fighting with peers and antagonism toward authority and restriction so characteristic of DenA in September have diminished to the point of being easily tolerable. He has developed respect for himself and confidence in his ability to perform in an acceptable and, in fact, praiseworthy manner. He should be able to make a satisfactory adjustment to the regular school setting if he is given understanding and support during moments of stress and if he is rewarded for his positive efforts and achievement";

Final Recommendations (concluded)

and the Center's nurse wrote: "DenA has had many bouts with areas on face and hands that needed to be cleansed with phisohex. Since January, we have not had this problem. DenA does need to be checked at intervals for areas on face and hands. I feel this boy has made progress in the area of health, as working with the mother we have had cooperation. One of the significant things the nurse noticed was the number of times DenA needed to see her for security and escape rather than actual illness. From September to February, DenA visited once daily, sometimes three times a day. Now, since the middle of March, DenA has visited only for routine work. This implies growth in the area of self-reliance and ability to perform under pressure."

It is expected that DenA will be promoted to fourth grade at the end of the school year, a few weeks hence. His teacher said recently "DenA is a changed boy, a pleasure to have in our class. If the Diagnostic, Counseling, and Remedial Center accomplished no more than the transformation of this boy, its existence will have been justified."

RobA - CASE STUDY II IN SOCIAL ADJUSTMENT

Description of Student

Intelligence:

Binet (2/64) quotient = 115 (CA = 7-1); Binet retest (12/67) quotient = 101 (CA = 10-11); WISC (12/67) verbal quotient = 99, performance quotient = 118, full scale quotient = 109. Bright normal, with expectancy of very good school work.

Achievement:

On the Wide Range Achievement Test, RobA achieved the following grade equivalents:

Date	CA	Reading	Spelling	Arithmetic
Feb. '64	7-1	1.3	1.3	1.8
Dec. '67	10-11	3.6	1.9	3.6

The Durrell Analysis of Reading Difficulty (12/67) rated RobA's silent reading ability at fourth grade level when comprehension is the main consideration, but his rate was at low third grade level.

Since RobA had been excluded from school for more than a year and a half prior to being enrolled in the Diagnostic, Counseling, and Remedial,Center 9/67, it is not surprising that he was retarded in reading and arithmetic, and seriously retarded in spelling and cursive wirting.

Personality:

Three Bender Motor-Gestalt Test records were taken in a period of approximately six weeks during the late 1967 psychological testing. "The last record (12/13/67) showed remarkable improvement in attitude toward the task. Some tremor was still present in the longer lines, however."

"Drawings of the House-Tree-Person (H-T-P Test) (12/67) were essentially free of tremor, which would seem to indicate that the amount of tension associated with a task is probably the interfering factor. This test gives clues to the person's ability to mobilize his inner resources to handle the conflicts of everyday living. RobA seems to be taxing his resources to the limit, especially with regard to feelings of security in the family and in his immediate environment. He is also apparently having difficulty in establishing acceptance of himself in the male role." (12/67)

"Responses to the pictures of the Children's Apperception Test suggest alliance with and dependence upon the mother, but with some fear of being shut out or left alone." (12/67)

On the Children's Personality Questionaire (12/67), "Robert made choices that suggest he is reluctant to relate closely with people or to form warm friendships, and that he feels shy. He also said that he is very demanding and impatient, dependent and sensitive, obstructive and unwilling to take part in group activities, and that he is not very much concerned about rules or obligations. He rated himself considerably below the average in his ability to use his mental powers."

"Responses to the Rotter Incomplete Sentences (12/67) reinforce most of the impressions stated above with regard to feelings of insecurity and self-abnegation."

Family Background:

RobA is the only boy and second oldest child in a family of four children, and a working mother who was divorced from the children's father after "he got tired of the job he'd held for 13 years and quit to join his parents who were vacationing in Florida" (quote from guidance clinic records 6/63).

RobA has been surrounded by five women (his mother, three sisters, and a baby sitter during the early years of his childhood) and has, naturally, developed a feminine orientation, He seeks and needs close ties to a strong male. His mother has been involved with a married man for a number of years and does not expect to remarry because she describes herself as "too irritable, demanding, and jealous to be lived with."

When RobA's mother took him to the guidance clinic in 1963, she was most concerned with the problem of soiling (encopresis). She also discussed "his dressing up in girls' clothing, that his play is feminine oriented and that he steals without need. She also mentioned in an offhand way that he is destructive and disobedient." In describing the boy's father, she exhibited her antagonism to him (RobA's father) by calling him a "spoiled only child."

The guidance clinic diagnosed RobA's "difficulty as centered in his relationship with his mother. Soiling is his only expression of feelings of aggression against his mother, otherwise suppressed." It was felt that moderation of the mother's hostility was unlikely and that outside living arrangements for RobA would be preferred. Attempts were made for placement outside the home but they were long drawn out, and when finally made the mother backed down and would not sign the necessary papers.

Physical Health:

RobA's mother remembers his pregnancy as not markedly different from her other pregnancies. She recalled that "in early life RobA had trouble with his formula and with diarrhea." He was hospitalized in the summer of '65 at Riley Hospital, Indianapolis, to determine whether there was a physical defect in the functioning of the lower digestive tract (colon) which might form the basis of RobA's problem in controlling defecation. No physical defect was found.

Encopresis was a problem from the time of his entry in kindergarten in September '62. Lack of progress in the solution of this problem finally led to temporary suspension from school in November 1965 and to further suspension at the end of December '65. Exclusion from school for the 1966-67 school year was requested and granted in April '66. Homebound instruction was proposed but never approved because the mother did not follow through on securing the physician's recommendations on the required form.

This boy's general health seems to be good and no noticeable defects have been detected by the school nurses or speech and hearing therapists who have examined him since he has been in school. His teeth seem to have been neglected and a number of his permanent molars have had to be pulled due to decay.

Former School Placement

Public School History:

Kindergarten 1962-63 (absent 17 days); First Grade 1963-64 (absent 10 days); "Retained" in First Grade 1964-65 but with a different teacher with whom he received average grades in academic work (except for handwriting which was graded "poor"), but unsatisfactory grades in work habits, responsibility, cooperation, courtesy, and health habits; Second Grade Sept. 1965-Nov. '65 when RobA was suspended temporarily, then further suspended for an extended period at the end of Dec. '65 (actually, for the remainder of the school year); April '66 - exclusion for the 1966-67 school year was requested and granted. Therefore, when RobA was enrolled in the Special Class for Social Adjustment at the Diagnostic, Counseling, and Remedial Center in September 1967 he had been out of school for the better part of two years and had not progressed far beyond the first grade in a formal school setting, even though he was 10 years and 7 months old.

Problem Which Caused Referral

The 4/66 reason for granting exclusion from school for the 1966-67 school year by the county school board, and recommendation for special testing was stated as: "Inability to control and care for personal needs (encopresis, or lack of control of the processes of elimination), a condition which has existed since kindergarten and has become more serious each year and which has caused him to be an outcast among his peers."

Recommendations

As early as February 1964, the psychometrist who prepared the report of her psychological examination of RobA recommended that he be considered for placement in the class for personal adjustment "where he would have a better chance to find a more satisfactory solution to the problems that seem to be bothering him." Admission to the class for personal adjustment was refused by the committee charged with the responsibility of making selections for the limited number of available places.

Finally, after almost two years of exclusion from school with no provision for supervised study, RobA was recommended for placement in the Diagnostic, Counseling, and Remedial Center's Special Class for Social Adjustment by the same psychometrist who had examined him early in 1964 and who had persisted in efforts to find a situation in which this child could make progress toward the solution of the basic problems which underlay his troublesome erratic condition.

RobA entered the newly established Special Class for Social Adjustment in September 1967, will complete the academic year in June 1968 and return in September 1968 for reevaluation.

Procedures Followed

Plans were made with the Center nurse to send RobA to her whenever the soiling problem might occur. Actually, the problem has arisen seldom, and then to a limited degree.

The problem which presented most difficulty in the early weeks and months of this school year was one of withdrawal and unwillingness to try academic tasks. He would hide in the coat closet and study carrels, dart about the room on occasion, and leave the room without permission, often emitting loud sounds; he exhibited behaviors similar to a wild creature, frightened and extremely unhappy in the confined classroom situation. To help him learn to remain in the classroom, a plan was worked out with the guidance counselor and nurse whereby RobA would be required to spend an agreed upon period of time in a confined situation in the nurse's room each time that he left the classroom without permission. This proved to be a very effective method of helping RobA settle into more conforming and acceptable school behaviors; after several weeks of strict adherence to the agreed upon routine, he would not leave the room without making very sure that he had the teacher's permission.

The daily behavior record provided some incentives for RobA to improve his behavior within the classroom; the least progress in more conforming classroom behaviors was rewarded by informing him that he had just earned one or more plusses for the identified behavior. A variety of reinforcers was used; parties, with cake and ice cream, took place whenever a birthday or holiday or "just something we were happy about to celebrate" came along. We gradually developed a feeling of pride and secruity in our classroom and of working and playing together as a group interested in helping each other.

Overcoming the deficit in academic learnings has been aided by the great variety of materials we have available in the Center itself and in the nearby Instructional Materials Center of the local school corporation. RobA reads well and easily, but he lacked basic word attack skills for use with new and difficult words. We have used many different approaches to strengthen these basic skills, to stimulate an awareness and interest in new and unfamiliar words, and to use reading as a tool for learning much useful knowledge. This boy tends to resist the usual academic routine, either because he has a natural resistance to formalized procedures or for fear of failure. He needed to be convinced that he can succeed in academic tasks as well as or better than many other students. We have provided many opportunities for him to be convinced of his abilities to learn and to perform satisfactorily in school.

Provision has been made for several good masculine models: our Center guidance counselor who has seen RobA on a regular several-times-a-week basis during this school year, a student clinician from the local university's special education department during the last Fall semester, and finally a "Big Brother" who has been seeing RobA for several months. The teacher has worked in close cooperation with the first two and hopes to have feedback from the last named by fall.

Progress in academic areas has been slow but steady and we are pleased that RobA has enrolled in his regular school's summer school where he can enhance basic skills in reading and arithmetic, and make a try at succeeding in the regular school setting.

Progress

The original problem (encopresis) for which RobA was recommended for placement in the Special Class for Social Adjustment of the Diagnostic, Counseling, and Remedial Center has caused relatively little trouble in his readjustment to school. He has been encouraged to handle this problem in the adjacent boys' rest room and has managed this well. Emphasis has been placed on personal cleanliness and each person's responsibility to make sure that he does not offend others in his enviroment by being careless about keeping himself in acceptable condition.

We have wondered, on the basis of careful observation, whether the unpleasant odor that occasionally emanates from RobA is in truth caused by the escape of feces and its presence on underclothing. Could it be that, under conditions of excitement or stress, he secretes an offensive body odor? By trying to eliminate, or at least reduce, the occasions which might prompt such a secretion, we feel that progress has been made in reducing this possible source of social rejection. The fact that a voluntary or suggested visit to the rest room and the liberal use of soap and paper towels has seemed to clear up or measurably reduce the problem, leads us to believe that we may have identified a source of the difficulty.

RobA has made great strides forward in gaining the control over behavior necessary for success in the regular school. He has progressed also in academic skills mastery; when he returns to his regular school, hopefully soon after the opening of school in September 1968, we do not forsee any serious problems with academic work.

Final Recommendations

At a staffing of RobA held on April 28, 1968, "there was general agreement that, although RobA has made great progress in overall social adjustment, he is not ready to be recommended for regular school placement at this time. If he attends summer school and makes an acceptable adjustment, we can reconsider his placement during the early part of the 1968-69 school year. If at that time regular school attendance should be tried, perhaps on a half day basis, counseling at the Center should be continued on a regularly scheduled basis. As of the present time, it is recommended that Robert return to the Center at the beginning of the 1968-69 school year."

It was also recommended that before the end of this school year the Center guidance counselor and RobA visit his regular school to speak with the principal and look around. They did this early in May and RobA's reaction was favorable. Also, he showed interest in attending summer school there and has since aided in making the necessary arrangements.

LonD -- CASE STUDY III IN SOCIAL ADJUSTMENT

Description of Student

Intelligence:

Binet (9/64) quotient = 86 (CA = 7-4); WISC (5/67) verbal quotient = 86, performance quotient = 93, full scale quotient = 88 (CA = 9-11). "Strong evidence that he possesses more ability than this score indicates. Peabody Picture Vocabulary Test (5/67) quotient = 102. Goodenough Draw-a-Man Test (5/67) (CA=9-11) rated maturational level at about six years (reflects a child's self image and emotional stance). "Average, or at least low average, intelligence."

Achievement:

On the Wide Range Achievement Test, LonD achieved the following grade equivalents:

Date	CA	Reading	Spelling	Arithmetic
May '67	9-11	1.4	1.5	2.2
Nov. '67	10-6	1.7	1.5	3.2

Perceptual-Motor Development:

Bender Motor-Gestalt Test (5/67) (CA = 9-11) indicated perceptual functioning "comparable to that expected at age 7 years.... indicators of neurological impairment."

Bender Motor-Gestalt (11/67) (CA = 10-6) "LonD's drawings on this occasion show considerable improvement since last May in his perception of the task and his ability to command resources for dealing with it in that the designs more nearly resemble the originals, or stimulus designs. However, even his better performance at this time showed functional inefficiency evidenced by gross tremor, difficulty in forming angles and curves, and integrating parts of the designs."

Frostig Developemental Test of Visual Perception (11/67)
(CA = 10-6)

Area	Perceptual Age
I Eye Motor Coordination	7-9
II Figure Ground	6-6
III Form Constancy	6-6
IV Position in Space	7-0
V Spatial Relations	8-3

"The Frostig test yields a preceptual age for each of five areas of perceptual development closely related to ability to perform academic tasks, especially reading. The author of this test reports that in a sampling of 71 children with known learning difficulties medically diagnosed as 'neurologically handicapped;' the age equivalent subtest scores on the test showed much greater scatter, or range of difference between scores, than did those of normal children. This does not rule out the possibility of emotional disturbance, however."

Personal-Emotional Development:

House-Tree-Person Test (11/67) (CA 10-6): LonD's drawings indicate that he is indulging in fantasy to the degree that there would be some question of consistent contact with reality. Aggressive and even destructive impulses directed especially at male figures were apparent.

Children's Apperception Test (Animal) (same date, age as above): LonD's "stories were built largely on themes of aggression and violence. Some of the stories he abandoned before they were completed and others lacked coherence. His manner in telling the stories was affected and clownish. Each one was terminated with 'The End. Bye-Bye. That's all.'"

Family Background:

LonD is one of five brothers and sisters placed in a local orphans' home five years ago when they were removed from their parent's home on charges of child neglect. Lon has a twin sister. These children "came from an extremely deprived home" and when LonD first entered the orphans' home at about six years of age "he had no knowledge of table manners, etc., and was also found to be eating objects outside, such as bugs," according to the social worker's report of an interview with a matron at the Home in the Spring of 1967.

LonD "was described as a youngster with no sense of responsibility and a short attention span. He is immature, does not play well with youngsters his own age, and frequently spends his leisure time with younger children, or plays in the sandbox by himself."

The children's mother maintains contact with them, used to take them to visit with her, but this has been stopped because the children were difficult to handle upon their return to the Home. Their Mother is now limited to visiting them there. She is thought to be "unrealistic in her contacts with the children, promising them that they would soon be returned to her and, it was thought, encouraged them in disobeying the staff."

LonD is apparently held in low regard by the staff of the Home; they view him "as a youngster with low intelligence," "sometimes withdrawn and unhappy, almost resigned to an unsatisfactory life." He is bad-tempered at times; the staff at the Home does not exert undue pressures on him, "regard him as a youngster of little ability."

The local welfare department has legal custody of LonD and must be consulted in planning for his future, such as the possibility of his visiting the Child Guidance Clinic.

Physical Health:

This boy "has had a history of illness, been hospitalized several times as a young child, and was found to be malnourished and anemic at those times. In February of 1963, he was badly burned when an older brother set fire to the family home." His welfare worker described LonD as a rather unattractive child but appealing to her perhaps because she feels sorry for him in view of his unhappy childhood and badly scarred body.

He receives excellent physical care at the Home and, after more than five years of residence there, now seems in good physical condition. At the Center, we feel that he is a fine looking, attractive boy.

Former School Placement

Public School:

Kindergarten for 1/2 year; repeated first grade, with failing grades both years; failing and "unsatisfactory" grades in second grade; a mixture of failing and "D" grades in third grade, 1966-67. He was referred for special testing as long ago as 1964 but no satisfactory placement could be arranged for LonD until the Diagnostic, Counseling, and Remedial Center came into being as the result of Federal support.

Problem Which Caused Referral

The original referral for special testing in 1964 grew out of LonD's "difficulty achieving in a regular class" and to the fact that he was "quite restless."

In the referral form for special testing submitted in March 1967, LonD's third grade teacher wrote: "This child is emotionally unstable, does not conform or adjust to a classroom situation. He has fits of depression when he feels no one likes him and times when he becomes aggressive and destructive. Acts babyish to attract attention. Wanders around room continually. A non-reader with an unusual speaking vocabulary. Can do simple arithmetic combinations. Plays with clay, puzzles, blocks and toys as would a younger child. Very short attention span."

In the special testing at the Diagnostic, Counseling, and Remedial Center, May 1967, the problem was stated as "one of investigating rate of mental development and other factors relating to slow progress in school and to behavior that has aroused the concern of the school with regard to his mental well-being."

When tested further at the D. C. and R. Center in November 1967, after he had been a student in the Special Class for Social Adjustment for about two months, the problem was stated as "one of evaluating certain areas of development as these relate to behavior exhibited in the classroom and to plans for instruction. LonD seems reluctant to attack tasks assigned to him even when they are well within his capabilities. He has been impulsive and rebellious at times and at other times demanding and dependent to an excessive degree."

Recommendations

On the basis of the psychological testing in September 1964, it was determined that LonD was not eligible for special class (mentally retarded) placement. He was classified as a slow learner who "could be expected to have considerably more success than he has in the past and at present." He was considered to be "seriously educationally retarded, even though he has been in school only one full year." This assessment was based on LonD's reading and arithmetic skills being "far below his ability."

Considering the findings of the May 1967 psychological testing at the Diagnostic, Counseling, and Remedial Center, it was recommended that he "be placed on the list to receive the services at the D. C. and R. Center for the coming year." He was enrolled in the Special Class for Social Adjustment at the Center in September 1967 for the 1967-68 school year.

Procedures Followed

In order to improve perceptual abilities as indicated by the results of the Bender Motor-Gestalt Test and Frostig Developmental Test of Visual Perception, LonD worked with the Center nurse daily from September 1967 through March 1968 and three times weekly from March to the end of this school year. The nurse used Delacato and Frostig methods and materials primarily to develop concepts of laterality (LonD tends to be ambidextrous, although it is thought that he is mainly governed by (lefthandedness), body image, rhythm, and muscular differentiation. She found that he is "capable of good work when he has the proper attitude." The teacher feels that his work with the nurse has helped to improve LonD's ability to concentrate his attention, to maintain a longer attention span, and to focus his eyes on printed materials in all academic areas.

The guidance counselor has worked with LonD on a two-or three-times-a-week basis during the time he has been at the Center, and he has had a special student clinician from the local university's special education department each of the two semesters of the current school year. During the fall semester the clinician was an attractive, warm, mature woman who provided one of the major break-throughs in helping LonD to see himself as a person who could read by having him sit on her lap while reading an easy action story (he had previously told the classroom teacher that he did not intend to learn to read "until my mother teaches me."); during the spring semester the clinician was a strong male figure, a pre-doctoral student in special education who summarized his therapy technique as "a common-ground approach concentrating on academic achievement through individual tutoring sessions... a modification of the behavioral approach to learning. Several reinforcers have been used with equal success. These have been chiclets, secret handshakes, verbal praise, and inexpensive gifts. Phonetics and sight vocabulary words have been utlized in the tutoring of reading. A unit of time published by Continental Press has been used with LonD in three of these sessions in attempting to aid him in learning to tell time. The process is one which involves reading, coloring, drawing circles and lines, and filling in blanks...A couple of sessions were also invested in tutoring him in multiplication concepts and the processes involved." The clinician felt that LonD had made satisfactory academic progress in their work together. He felt that LonD's emotional adjustment might have regressed slightly over a long spring vacation. "He still displays a great need of love and close physical contact. His overall behavior is immature and he often regresses to baby behaviors and responses when frustrated."

The speech and hearing and language development therapist at the Center has worked with LonD in recent months and reports that he "has made some improvement in language development, although the advancement has been slow and inconsistent."

The arts and crafts therapist at the Center has worked on a daily basis with LonD, either on one-to-one or small group basis, during the school year. She reported in November 1967 that LonD "tries very hard to create a good finished product. He is attentive in class and concentrates on his work. His skills are progressing--especially hammering, sawing, and construction skills." In January 1968 she reported that he "tries hard to please and wants constant reassurance that his work is acceptable." In her final report in May 1968 she reported that LonD "likes to experiment in various media and enjoys arts and crafts work."

In the special class we have concentrated on improving basic tool subjects, especially helping LonD to see himself as a person who can read. The teacher discovered with careful observation in the first two or three tutoring sessions that LonD seemed to be trying to avoid making eye contact with the printed words he was supposed to be trying to read. When he did occasionally make eye contact he could identify the word or words sufficiently well that the teacher knew he was not completely devoid of word knowledge. A simple sight word vocabulary was established by LonD printing the words on individual cards in pencil and, after teacher checking, retracing the letters in bold crayon colors; this basic vocabulary was taken from the graded reading series, "The Moonbeam Books," published by Benefic Press. Words from the Dolch Basic Sight Word Test lists were added gradually. Many other materials and machines (listed under Procedures Followed in Case Study I), available in the Center's excellent collection, were used to build needed reading skills. Additional resources from the nearby Instructional Materials Center of the local school corporation were also used to build and strengthen basic tool subject mastery. A great variety of audio-visual media and materials have been employed to arouse interest and sustain attention. The IMC's extensive film library has been particularly valuable in enriching our program in science, social studies, art, language arts, guidance, mathematics, and health and safety. In the question and answer and discussion period following the showing of each film, LonD has often been able to demonstrate his ability to remember and to reason by coming up with surprisingly thoughtful and penetrating answers. This has provided many opportunities for him to excel and to receive special commendation from the teacher and admiration from his classmates, both needed morale and self-concept builders for him.

Since late April, LonD has been spending his afternoons in the Special Class for Minimally Brain-damaged children. For a report of the procedures followed and his progress in that class, please refer to the report headed "Lonnie, 10 years old, I.Q. 89, Social Adjustment class."

Progress

Results of 11/67 Frostig Developmental Test of Visual Perception and 3/68 retest may be compared:

Area	Perceptual Age, 11/67	Perceputal Age, 3/68
I Eye Motor Coordination	7-9	7-0
II Figure Ground	6-6	Maximum
III Form Constancy	6-6	9-0
IV Position in Space	7-0	Maximum
V Spatial Relations	8-3	8-3

"Several times during the Frostig test LonD's hand made what appeared to be involuntary jerky movements which resulted in mistakes. He was annoyed each time this happened."

At the time of the Frostig retesting 3/68, additional Bender Motor-Gestalt Test results were obtained and the report states: "LonD's reproductions of the designs of the Bender test deviated markedly in that they showed perseveration, rotation, separation of parts, inconsistency of size, difficulty with angulation, and primitivization. These are all deviations which are seldom found in the records of children as old as LonD who are functioning normally. Sometimes such difficulties are the result of brain damage and sometimes they reflect emotionality. In LonD's case it appears quite likely that both organic and psychological factors are involved, but that the latter are predominant. There is a strong possibility that LonD is not always in contact with reality."

The above report, together with the observations and experiences of all persons involved in working with this child, seem to indicate that there is a great deal more we need to learn about this boy and much farther to go in helping him to make a more satisfactory adjustment to his environment and the people in it.

Final Recommendations

On the basis of a staffing on this case held 4/26/68, it was decided to try afternoon placement for LonD in the Special Class for Minimally Brain-damaged children at the Center as soon as the guidance counselor could speak with the child about this change in scheduling.

The possibility of arranging Child Guidance Clinic psychological counseling for LonD was raised. The opinion was expressed that efforts in this direction in the past have not met with enthusiasm from those in a position to make decisions about such matters at the Home. However, it was felt that continued efforts in this direction should be made. The social worker will pursue the matter; she will take it up also with LonD's caseworker at the Welfare Department since they will be actively involved in the decision and in making the necessary arrangements.

In any case, there was general agreement that LonD should return to the Center at the beginning of the 1968-69 school year.

RonD - CASE STUDY IV IN SOCIAL ADJUSTMENT

Description of Student

Intelligence:
WISC (11/66) verbal quotient = 95, performance quotient = 83, full scale quotient = 88 (CA = 10-10). "On the performance scale he was least capable in an area which seems to relate to ability to adjust to mistakes." Peabody Picture Vocabulary Test (11/66) quotient=100. "Factor B on the Children's Personality Scale indicates that RonD makes poor use of his intelligence.

Achievement:
"On the Wide Range Achievement Test, RonD earned a level in the basic skills for reading, writing, and arithmetic similar to upper third grade. He had good word attack skills" (11/66, CA = 10-10). RonD was retested 10/67. The results of the two testings can be compared in the following table:

Area	November '66	October '67
Reading	3.8	4.8
Spelling	3.7	3.9
Arithmetic	3.9	4.5

On the Durrell Analysis of Reading Difficulty (10/67) he was reading both orally and silently with good comprehension at about beginning fourth grade level. His reading rate and use of visual and phonic clues were all below the norms for fourth grade efficiency.

Personality:
On the Children's Personality Questionnaire (11/66) RonD "described himself as feeling in a lower social strata. This feeling could be reflected in the lower performance quotient on the Wechsler and also in his drawing of a man on which his drawing scored at a similar level to the full scale quotient earned on the WISC. The head of his drawing is twice as large as the trunk and legs combined. He seeks help for the problem he has with a very imaginative inner life. He wants to remain composed and self-controlled but is easily upset."

On the Bender Motor-Gestalt Test (11/66) RonD "indicated his poor personal adjustment in his reactions to drawing the 9 simple figures presented to the subject to copy, and a level of visual motor perception development similar to that of a child six and one-half years old. This could explain his underachievement in reading and spelling skills. Further, his Bender drawings had several indicators to emotional problems and possible brain damage. Children with similar difficulties rarely complete what they begin and are likely to be impulsive in their reactions." Retest of the Bender Motor-Gestalt a year later (10/30/67), after RonD had been in the Special Class for Social Adjustment at the Diagnostic, Counseling, and Remedial Center about two months, showed "considerable difference in his approach to the task in that the figures were arranged in a more logical order and were more like the stimulus designs both in size and shape. He also erased more frequently, which is interpreted as probably indicative of relatively normal adjustment, porvided it is not done excessively."

RonD's drawings on the House-Tree-Person Test (10/30/67) "suggest that he is experiencing generalized feelings of anxiety and insecurity in his relationships in the home, with the result that he is having some difficulty in maintaining equanimity. They also reflect limited resources ans success in gaining satisfaction from other elements of the environment, a difficulty which is probably related to a tendency to be rigid and inflexible combined with utilization of physical prowess in gaining his ends."

"His behavior in the classroom at the Center (Diagnostic, Counseling, and Remedial) has varied from a courtly politeness which is almost obsequious to highly impulsive, explosive, and aggressive behavior. He reacts violently when he is called names, especially those that call attention to his color in a derogatory way when his personal integrity is questioned, or when he thinks he is being deprived of his fair share of things that are desirable. Frequently he takes offense when none is intended, either because of lack of understanding of words being used or deliberate twisting of the language in order to precipitate an incident. It is often difficult to assess his motivation realistically, but lately he has evidenced a willingness to listen to reason when he is talked to in words that he can understand and when ideas are presented one at a time with time to think about what has been said before another idea is presented." The psychometrist said further: "It is this writer's opinion that RonD would like to 'be somebody' and that his precipitate impulsiveness is his crude way of protecting his personal integrity."

Family Background:

RonD lives with his mother and younger brother (by about one year) in a well-kept small house in an industrial neighborhood. They do not hear from the boys' father from whom his mother was divorced several years ago. She "is a nice looking woman, seemingly intelligent and interested in her children," a high school graduate who works to support herself and her family. She told the social worker who visited her before RonD was enrolled at the D. C. and R. Center that "as a small child she thought he let other children pick on him too much...Finally he began to fight back...and he still says that it is the other boys who start the fights, but she tells him that it can't be the other boys all the time. He is forbidden to play with a few of the boys with whom he always fights." The social worker felt that his mother "does display an effort to blame others for his belligerence. He does not seem to be a problem in the home, and he gets along with his brother." RonD's mother is proud of his membership on the local Boy's Club and active participation on its basketball team since his father was at one time a member of the Harlem Globetrotters, and of his interest and natural aptitude in a wide range of sports.

Physical Health:

RonD's birth was normal and he had no illnesses in infancy, except that he developed a "severe skin rash" at about one year of age which was diagnosed as a food allergy and which persisted for several years. When they returned to the mother's home city, a physician treated the problem successfully on the basis of its being caused by "nerves". "He sometimes has a mild rash now, but it is no longer of much consequence." He has occasional colds, but otherwise his physical health is good. The nurse at the Center reported that RonD "showed evidence of considerable visual difficulty on the two occasions when he was given the Keystone Visual Survey Tests". (9/67) She mentioned no other problems of health or physical development.

Former School Placement

Public School:

K through 5th grade, with one year in the special class (mentally retarded) of the local university's laboratory school from which he was taken on a regular basis for play therapy by a psychologist. He was referred for special testing by his regular school third grade teacher 4/65, tested in 11/66, and recommended for placement in the Special Class for Social Adjustment at the D. C. and R. Center on the basis of that teacher.

Problem Which Caused Referral

On the referral for special testing 4/65, his third grade teacher said, "RonD cannot yet work well with a group in the room. He bothers others at work, hits them, doesn't always tell the truth, blames others for his starting of fights or arguments (seen and heard by the teachers). Often talks back to teacher who has explained thoroughly her wish to help him in all things. RonD is very generous at time. He is interested and tries but is not ready for grade four. Behavior is still his big problem."

Recommendations

On the basis of the 11/66 psychological examination of RonD, the psychometrist concluded: "From the standpoint of ability, RonD should be able to make successful progress in school. In view of his continued problems with inadequate control of behavior, RonD might profit from work with a therapist toward building a more acceptable self-concept. Further study should be made by the Diagnostic, Counseling, and Remedial Center toward possible placement in the class for social adjustment." He was enrolled in that class in September 1967.

Procedures Followed

Please fefer to: DenA - Case Study I in Social Adjustment; since these two students presented somewhat similar problems, the procedures followed did not vary greatly. This is also true of the next case study, RickM - Case Study V in Social Adjustment.

RonD and RickM came from the same public school where they had been conducting a running battle for several years. In the first few weeks of attendance at the D. C. and R. Center in the Special Class for Social Adjustment, it was essential to break the undesirable pattern by immediate mustering of all the Center's forces to make the experience undersirable to repeat. This involved the Center's Director(or principal), guidance counselor, nurse, psychometrist, or any other staff member who might be available at the time of each transgression. Punishment in the form of restricted activities gradually served to strengthen controls, together with the various therapies engaged in by this student which helped him to build a better self-concept.

Progress

In his academic work at the Center during the time of his enrollment from September 1967 through mid-January 1968, RonD did increasingly satisfactory work and became more able to handle and complete the required tasks as a greater amount of his energies and abilities were directed toward academic accomplishment.

Although RonD occasionally lapses into his long-established patterns of verbal and physical abuse of others, it was felt by the Center's Director and staff in January 1968 when they recommended him for return to his regular school setting that he had made such marked progress in controlling his behavior in the areas of original referral and in his basic attitudes toward school and authority that it could be anticipated he would make a successful adjustment.

Final Recommendations

With a view to returning RonD to his regular school, it was recommended early in January 1968 as the result of a careful staffing, that the guidance counselor take RonD back to his regular school to meet the new principal and pay a "get-reacquainted" visit, and that his special class teacher also visit his school to speak with his teachers (he would be returning to sixth grade where there is a departmentalized organization in which students change classes), get a set of the books he would be using, and gain an impression of the classmates RonD would be expected to adjust himself to. These suggestions were followed. The principal made RonD feel wanted (he mentioned that they looked forward to having him on their basketball team next year when he will hopefully be in the 7th grade) and the guidance counselor at the regular school indicated she would work with RonD and his teachers in helping him to channel his energies into constructive patterns that would assure his success in school. The Center's guidance counselor assured them that he would visit RonD at his regular school and help him to work out unresolved problems that might arise during the readjustment period.

After four months in his regular school setting, it is gratifying to report that RonD has made a satisfactory adjustment to his regular school. There have been several "incidents" but they have been relatively minor and, with the assistance of the Center's guidance counselor working with RonD, the principal, the school guidance counselor, and his regular class teachers, procedures have been established for helping RonD to continue to function satisfactorily as a school citizen and as a student. He has passed all subjects and has raised his grades from one grading period to the next. He expects to be promoted to 7th grade at the end of this school year.

Through the efforts of the Center's nurse and his special class teacher, RonD was taken to an eye specialist before he returned to his regular school. As a result, glasses were prescribed and obtained; and the regular school nurse reports that he wears them faithfully; that he says he can see better now that he has them and that he seldom has headaches anymore from eye strain.

RickM - CASE STUDY V IN SOCIAL ADJUSTMENT

Description of Student

Intelligence:

WISC (12/66) verbal quotient = 92, performamce quotient = 93, full scale quotient = 92 (CA = 10-4). "Among the various subtests he was most capable in areas of thinking which indicate ability to think logically, break a task into component parts, and evaluate experiences. He was least capable in areas which require an understanding of social situations and tasks which require a particular moment of concentration followed by immediate recall."

Peabody Picture Vocabulary Test: "On this test which requires the subject to select the best of four pictures to indicate the meaning of a word given orally by the examiner, RickM earned a quotient of 95, a level in line with that of the Wechsler. Factor B of the Children's Persnnality Questionnaire also indicated average ability."

Achievement:

Wide Range Achievement Test (12/66): Reading and spelling level of early second grade and arithmetic level of high third grade. He had two years in third grade. "According to ability areas measured on the WISC, these achievement levels should have been reversed; arithmetic measured as a weaker area than those areas that relate most closely to predicting success in the language arts subjects."

The psychometrist who conducted the psychological examination of RickM concluded (12/66): "Apparently RickM's emotional instability is seriously affecting his progress in school. He appears to be capable of learning the subjects in which he has made the poorest achievement gains."

When retested on the Wide Range Achievement Test 5/68 it was found that he had progressed about a year over the 12/66 testing in reading and spelling to low third grade level. Arithmetic was at about fifth grade level. This would seem to indicate that he has become more retarded in the language arts as time has elapsed. His special class teacher at the D. C. and R. Center found him to be a reluctant reader with a very negative attitude toward reading and all areas of the language arts, even handwriting. However, his listening skills and ability to express himself orally have improved greatly since September 1967.

On the Durrell Analysis of Reading Difficulty (5/68) RickM's oral reading at fourth grade level was slow and labored, full of repetitions, fairly accurate; silent reading at fifth grade level was very slow; compreshension was good; visual memory of words was poor; hearing sounds in words and sounds of letters was at about mid-third grade level.

Personality:

According to the Children's Personality questionnaire (12/66) RickM described himself as acting on sensitive intuition, He feels that he has fewer friends than others and that he is not likely to get the breaks.' If he thinks he has been treated unfairly, he day dreams about getting even. His behavior is carefully calculated to disrupt group proceedings. He has poor control over his emotions, is impatient and demanding, and likes to depend on the teacher."

"His reproduction of simple drawings on the Bender Motor-Gestalt Test (12/66) has a significant number of emotional indicators. His drawings also show some possibility of brain damage."

"The school reported a great fluctuation of behavior, and during the psychological examination 12/7/68 RickM commented that this was one of his 'good days'."

Family Backgroung:

RickM lives with his mother and stepfather, four full siblings and two halfsiblings; he is the youngest of the children by his mother's first marriage. His stepfather has children by a previous marriage for whom he makes support payments. They live in a working class neighborhood. RickM's mother is an energetic, intelligent woman who lacked just two credits of completing high school which she left to marry his father. His father left home when RickM was about five, after babying and indulging him as the grandparents who have reared him had done until they died when he was five or six; after their deaths. RickM's father grew up with his father whom RickM's mother says was a "harsh" man. She blames him for her first husband's trouble which she feels stemmed from his unhappy childhood. RickM was bewildered and emotionally upset when his own father couldn't bring his new wife to live with them. He has shirked his financial responsibility to his first family and has not been heard from in several years. This has thrown a triple financial burden on RickM's stepfather who seems to be a hard-working, serious family man, concerned with RickM's welfare and progress at school. He is a good stepfather in his wife's opinion since, as she says, "He has to love them to support all of them." She says he gets obedience from the children more easily than she does.

Although this family would seem to be living on a rather marginal basis, and to have been doing so over the years, RickM seems to be well cared for, is always clean and reasonably well clothed. He has brought a great variety of games and play equipment to school during the past year, far more than one would expect to be available in a lower class home.

Physical Health:

RickM was a large baby at birth and the labor was difficult, although forceps were not used. He was healthy up until the age of nine months when he had an extremely severe case of measles accompanied by very high fever. The attending physician suspected measles meningitis but found nothing when he did a pneumoencephalogram. The illness lasted eleven weeks. After that RickM seemed more restless than usual.

At age three, RickM's mouth was badly burned by some rust remover he found while playing at a neighbor's home. Several days elapsed before medical aid was obtained. He did not seem to have swallowed the acid.

At age five, an aggressive neighbor child pushed him off his tricycle repeatedly, and the cut resulting from one such fall required stitches.

RickM's physical health has been excellent during the year he has spent at the D. C. and R. Center in the Special Class for Social Adjustment.

Former School Placement

Public School:
Repeated third grade. Referred for special testing by fourth grade teacher 11/66.

Problem Which Caused Referral

In the 11/66 referral for special testing, his fourth grade teacher stated: "RickM seems always to have a 'chip on his shoulder.' He was boasting to me one day that he liked 'to find a man who has been drinking and throw things at him and tease him and get him to chase me, because it's fun.' He is a constant behavior problem and a bad influence on the others."

In the report of the 12/7/66 psychological examination of RickM, the psychometrist stated the problem thus: "To investigate hyperactive behavior in relation to ability and achievement as they react on school adjustment."

Recommendations

On the basis of the 12/66 psychological examination of RickM, the psychometrist concluded: "Apparently RickM's emotional instability is seriously affecting his progress in school. He appears to be capable of learning the subjects in which he has made the poorest achievement gains. Since the dimensions of personality which seem to relate to his poor behavior are ones where instruction in social values and guidance toward better self-concepts are considered profitable, RickM should be considered for placement in one of the classes at the Diagnostic, Counseling, and Remedial Center." It was decided to transfer RickM from his regular school to the Special Class for Social Adjustment at the D. C. and R. Center at the beginning of the 1967-68 school year, September 1967.

Procedures Followed

Please refer to: DenA - Case Study I in Social Adjustment; since DenA, RonD, and RickM presented somewhat similar problems, the procedures followed did not vary greatly. See also: RonD - Case Study IV in Social Adjustment for additional remarks which were applicable to RonD and RickM in the matter of procedures followed.

Efforts were made to change RickM's negative attitudes toward reading, to help him to find enjoyment in reading. A great variety of remedial reading techniques were used but they will have to be continued during the summer and probably for some time to come if real gains in overcoming his basic lack of skill, confidence, speed, and pleasure in reading are to be made.

RickM's great interest in building and construction found many outlets through the daily arts and crafts therapy sessions. He would fit admirably into an industrial arts programmed schedule and through it would doubtless find the impetus to work toward accuracy and speed in reading plans, directions, parts lists, etc. Earned free time in the classroom was provided in which free play with constructed materials could be engaged in and new constructions planned and started. RickM was the center of this activity and it grew to be highly valued by the other members of the class as the year progressed. Many types of house floor plans developed from cardboard, tagboard, wood, plastic, anything they could lay their hands on. They constructed furnishings and peopled the houses with a great variety of figures from play equipment at home or from materials available in the classroom or arts and crafts room; they carried on an elaborate type of play therapy throught characterization and manipulation of these figures in the miniaturized world of home, neighborhood, school, garages, factories, etc., which they created for themselves. They always had a great number of small cars, trucks, airplanes, etc., to employ in giving life to their imaginative play. At times RickM was very generous in sharing the great amount of material he brought to this activity; at others he would be very loud and "bossy" about its use. This activity provided outlets for feelings and opportunities to learn to share and cooperate in a dynamic group situation.

Progress

Although RickM can still have a "chip on his shoulder," the occasions are less frequent and they are less likely to lead to open conflict, and he is better able to control the feelings which used to lead to conflict with others. A turning point came in the fall of 1967 when he threw a chair across the classroom at RonD during a fit of anger based on their old pattern of taunting and fighting. Fortunately, no physical injury occurred but the broken chair must have been a symbol of some kind to him for no such incident has taken place since that time. He was required to take the broken chair to the principal's office, to explain his actions, to be assured that no such transgressions of the right to physical safety of others would be tolerated here or anywhere else in the future, to face up squarely to the responsibility each of us has for his own actions.

On the final report to parents at the end of the 1967-68 school year in the Special Class for Social Adjustment at the D.C. and R. Center, his teacher remarked: "RickM has the potential for a good life if he can continue to learn to control his behavior." The guidance counselor at the Center also wrote: "RickM has shown definite signs of being capable of performing well in the regular school setting, but he has not been able to control consistently his tendencies toward disruptive bheavior.

Final Recommendations

After a careful staffing late in April 1968, it was recommended that RickM return to the fifth grade in his regular school for the 1968-69 school year but return to the Diagnostic,Counseling,and Remedial Center for continued guidance counseling and remedial reading with the Special Reading Class teacher on a twice-a-week basis. He was also urged to attend summer school for remedial reading and join the public library and read easy books along the lines of his interests in order to derive enjoyment from reading.

Since RickM's family has moved to a new school district during the past year, the guidance counselor has taken him to meet the principal of his new school and to get acquainted with the physical layout of the school. He was also aided in making arrangements for summer school where he will have the opportunity to become used to the new school setting and learn to know some of the students he will be in school with in the fall.

Remedial Reading

Mrs. Mary Huber - Teacher

Name	Age	Grade	IQ	Previous Reading Score	Present Reading Level	Background Information
Gary	11-9	5	123	Low phonetic skills 3.8	7.1	Needs help to learn and strengthen basic reading skills. Present Evaluation: His success has been very important to him. He is now definitely a leader in regular class. Proud of achievement. He will be terminated.
Jeffrey	12-0	5	97	Oral reading 4-0 silent 3.5 Listening Compre 3.0	6.0	Unable to read any of the oral selections without error or with complete comprehension and recall. He sees himself as inadequate to the challenge placed to him. He has a very poor image. Present Evaluation: Jeff's difficulty was primarily a result of anxiety. He had difficulty establishing a good self-concept. After he realized the real cause of his problem he found immediate success. He built success when he accepted the challenge that he was capable of succeeding. He will be terminated.
Edwin	13-0	6	107	2.4	4.5	Difficulties will probably keep him from succeeding. There will be many things he can do provided he is taught by methods that do not depend on reading. With special teaching techniques his reading could probably be improved. Present Evaluation: Happy, jolly. Reads outside of regular school assignments. Volunteers to make special reports before class. Improved behaviour.

Name	Age	Grade	IQ	Previous Reading Score	Present Reading Level	Bagkground Information
Ken	11-9	5	103	Upper 2nd Low 3rd	4.4	Inclined to worry and feel depressed. Likely to follow his own urges rather than follow socially accepted rules. Has no friends. A real problem in school. --- Doesn't get school work. Acts resentful to teacher. Present Evaluation: Has acquired functional skills to succeed in regular classroom. Beginning to make friends. (At times behavior is still difficult at home and regular school). He will be terminated.
Kevin	13-5	6	107	3.3	5.9	Reads slowly and with many errors at about third grade level. Reading speed about third grade level. Comprehension and memory of what he read was sixth grade level. He is in danger of becoming educationally handicapped. His own feelings of inadequacy seem to compound the problem at this time. Present Evaluation: Shows extreme co-operation in regular school work. Anxious that all homework is satisfactory. Feels elated over being able to succeed. He will be terminated.
Paul	10-9	4	109	Middle Grade 3	4.0	Seriously retarded visual motor. Inadequate development or emotional adjustment. Present Evaluation: Improvement in self-image. Needs to return to Center to work on basic skills and study habits. Needs

Name	Age	Grade	IQ	Previous Reading Score	Present Reading Level	Background Information
						additional training in Figure Ground and Position in Space. He will return to Center.
Billy	10-6	3	83	2.2	2.5	He is emotionally less stable, easily upset, and not prepared to cope effectively with others. Present Evaluation: His improvd self-concept has helped him improve scholastically. Functions successfully with 40 other students in his parochial school. He will be terminated.
Jerry	10-6	3	Verbal 103 Per. 85	Beginning Grade 1		Needs individual reading instruction, and help in working out personal problems. Present Evaluation: Limited recommend full time placement in Center, in the fall 1968.
Terry	12-1	5	93	Non-reader	3.0	Classroom activities consist mainly in sitting and looking around since he is unable to achieve in the simplest of problems. Communicates little. Present Evaluation: Reflects happiness. Very eager to work out his own problems. Has begun to be able to participate in class work in regular school. He will return to the Center.

Name	Age	Grade	IQ	Previous Reading Score	Present Reading Level	Background Information
Ken	11-9	5	103	Upper 2nd Low 3rd	4.4	Inclined to worry and feel depressed. Likely to follow his own urges rather than follow socially accepted rules. Has no friends. A real problem in school. Doesn't get school work. Acts resentful to teacher. Present Evaluation: Has acquired functional skills to succeed in regular classroom. Beginning to make friends (At times behavior is still difficult at home and regular school). He will be terminated.
Kevin	13-5	6	107	3.3	5.9	Reads slowly and with many errors at about third grade level. Reading speed about third grade level. Comprehension and memory of what he read was sixth grade level. He is in danger of becoming educationally handicapped. His own feelings of inadequacy seem to compound the problem at this time. Present Evaluation: Shows extreme cooperation in regular school work. Anxious that all homework is satisfactory. Feels elated over being able to succeed. He will be terminated.
Paul	10-9	4	109	Middel Grade 3	4.0	Seriously retarded visual motor. Inadequate development or emotional adjustment. Present Evaluation: Improvement in self-image. Needs to return to Center to work on basic skills and study habits.

Name	Age	Grade	IQ	Previous Reading Score	Present Reading Level	Background Information
David	11-4	5	104	2.5	5.8	Seriously educationally retarded (perceptual development Dec. 6, '66 was between ages 7-7½). Present Evaluation: His reading and spelling is now up to grade level. He reflects satisfaction on his ability to use word attack skills. However, we are presently improving study skills. He will be terminated.
Gary	10-8	5	91	Nonreader	4.0	He knew only a few words of the first grade oral reading paragraph. He knew all capital and most of the small letters. Inattentive. Instruction should start in readiness program. Poor self image. Present Evaluation: Gary is especially proud of his achievement. Acceptable achievement in regular classroom. He will be terminated.
Meg	10-9	5	120	3.5	6.0	Pressures were upon Meg both from the school and from the home. She seemed to be in a quandary and therefore was not able to succeed. Present Evaluation: Feels much better about herself. Regular class

Name	Age	Grade	IQ	Previous Reading Score	Present Reading Level	Background Information
						work more acceptable. She will be terminated.
Joe	13-7	5	95	1.9	3.5	A sensitive boy who is worried, discouraged and lonely. His performaces have regressed considerably in last two years. Unless help is forthcoming, the consequences could be serious for him. Needs to see a pediatrician and if possible a psychiatrist. Present Evaluation: At time Joe is still overwhelmed that he repeated grades 1 - 3 - 4. He can't exactly figure out why and wants to talk about it. A worthwhile self-image is beginning to develop. He is making friends, and his classmates admire him. He is not afraid to read aloud in other content area text. Recently he read aloud with success in Geography, and the entire room cheered him.
Glenn Reassigned to full placement with Social Adjustment Therapy.	10-11	3	105	Non-Reader		Possibility of emotional or neurological factors. It was recommended that Glenn be given a complete physical examination. Present Evaluation: Glenn had not been able to work through with all his home problems. He lives with two mentally retarded sisters, and Glenn is

Name	Age	Grade	IQ	Previous Reading Score	Present Reading Level	Background Information
						accepted as Mr. by Mother. The Father has a prison record for child molesting and Glenn is still upset over his Father. Recommendation that Glenn be assigned full time to Social Adjustment Therapy.
Bruce	10-11	4	Verbal 94 Per. 107	Could read few words on first grade level.	2.5	Impulsive and tendency toward inattentiveness. Avoids doing what is expected of him. Impatient with tasks which require long term concentration. Present Evaluation: Has not succeeded to degree of his ability. Home discipline and cooperation are lax. Bruce feels more successful than he is really functioning. Bruce has not made improvement up to his ability. The lack of home involvement and parental inability to see the need has been a deterrent factor. Recommend counseling on a regular schedule.
Harold	11-6	4	85	Low Grade 1	2.4 Spelling 1.8	Visual problems could have contributed to his slow rate of learning. Glasses were prescribed. Present Evaluation: The 4 hours weekly instruction has not provided a stimulation for Harold to show sufficient improvement. Recommendation is for full time assignment.
Frank	11-9	5	87	1.7	2.0	Numerous problems have contributed to his lack of success. Family is working with

Name	Age	Grade	IQ	Previous Reading Score	Present Reading Level	Background Information
						Family Service. When child was between 4 and 5 he was thought to be emotionally disturbed. Mother is ill. Present Evaluation: Frank still has emotional problems. Will return for additional therapy in Fall.
Eric	16-2		Verbal 75 Performace 107 IQ 89	Non-Reader	3.0	Felt unadjusted in social skills and school relations. Present Evaluation: In spite of severe learning problems we have been able to keep Eric's interest up and he has remained in school. Fall of 1968 he will be placed in a work-study program.
Roy	12-11	4th grade in Fall but now working with success in grade 7	Verbal 84 Performance 99	3.9	5.0	Visual inefficiency and emotional involvement showing an undue amount of stress. Present Evaluation: Sees his goals more realistically, seems less tense with an improved self-image. He will be terminated.
Charles	15-4	9	93	5.0	5.5	Excitable and tense, acts impulsively, would like to get along with those around him. Present Evaulation: Charles has been able to work through his problems with a degree of success. He feels more self-confident. He will be terminated.

Name	Age	Grade	IQ	Previous Reading Score	Present Reading Level	Background Information
David	14-6	8	84	2.4	4.5	Unable to succeed in academic work. Experiences undue frustration. Present Evaluation: Understands his problems better. Work is much more effective in regular classrooms.
Kim	16-9	9	84	3.5	4.0	Functioning considerably below his ability academically. Present Evaluation: Able to face his problem. Kim sees himself as a high school graduate and with his attitude, determination and desire will succeed. Return will depend on need.
Forrest	16-10	9	105 Oral and Silent ---	2.4 1.5	4.0	The Dean of Boys has tried to direct Forrest's schooling in areas of less reading requirements. Counseling should be along line of training for a vocation where his performance abilities can be put to use. Present Evaluation: Very proficient in use of word-attack skills. A fairly stable young man whose goal now is to graduate from high school.
Gary	9-9	3	107	Grade 1 Level	3.6 when terminated	Visual investigation made by a specialist. A thorough physical examination was advised. Gary will need special help with perceptial acuity. Difficult for the regular classroom teacher to find the time to carry out an effective program. Present Evaluation: Gary was terminated from the Center, January 24.

Name	Age	Grade	IQ	Previous Reading Score	Present Reading Level	Backgroung Information
						The Center has kept close contact with Gary in the regular classroom and on May 21 his success is still good. He understands and uses word-attack skills.
Keith	10-7	4	110 Verbal Quotient 82 Performance	Upper Grade 1	2.5	Shows extreme stress. He is caught in middle of pressure from the school and the home. Serious personality difficulty. Present Evaluation: Keith's emotional reactions have prevented him from being able to accept instruction attentively. His mood determines his success in a reading situation.
Terry	10-7	3	Verbal 96 Performance 89	Grade 1 level	2.5	Seriously educationally retarded. Present Evaluation: After five months instruction in Center Terry was terminated. Terry has been in the regular classroom all this school year. He is able to function successfully.
Steven	11-0	3	89	1.6		Achievement level below his ability to function. Present Evaluation: Acquired study skills and work in classroom commensurate to his ability.
Jeff	10-11	5	114	low Grade 3		Disturbance in the regular school. Suggestion was made that he should receive psychological treatment. Lack of achievement is serious. Present Evaluation: A changed boy

Name	Age	Grade	IQ	Previous Reading Score	Present Reading Level	Background Information
						Not only does he find success as a student but his behavior at home as well as at school is good.
Jim	13-8	Personal Adjustment Class	86	2.5	4.0	A long record of being unable to work in regular classroom because of psychological problems. Assigned to a slow group in the 7th grade at Woodrow Wilson, since he would fit into this group better chronologically. Present Evaluation: Jim is now able to adjust to a classroom situation. His behavior is acceptable. He succeeds academically equal to his ability.
Donald	15-0	8	106		6.0	Poor academic performance. Feels inadequate in that he does not feel accepted by people or groups as much as he might like. Present Evaluation: Donald was placed in another school in order to have remedial reading as a part of his regular school day. Therefore he is no longer a part of our Center enrollment.
George	15-6	8	Verbal 96 Performance 92	Upper Grade 2		Seriously educationally retarded. Present Evaluation: George is presently enrolled in junior high school where there is a remedial reading program, he is enrolled in it.

Name	Age	Grade	IQ	Previous Reading Score	Present Reading Level	Background Information
Mark	14-2	7	117	4.0		Mark was worried and in turmoil regarding his learning problem. Lack of good phrasing and comprehension. Present Evaluation: Mark's attitude and progress were very good. However before his therapy was completed it was necessary for the family to move to Florida because of Mother's health.
Mark	16-8	8	96	4.8		While Mark was having instruction in reading he was at the same time receiving counseling. Mark's sessions at the Center were terminated because the Mother saw improvement.
Becky	10-7	3	Verbal 89 Performance 117 Full Scale 102	Beginning First Grade Rate and Accuracy		Becky is seriously academically handicapped. She has developed few of the skills necessary for success in reading, and demonstrates lack of adequate development in visual perceptual skills in order for academic success to be expected. Present Evaluation: We have only been able to initiate a structured program during the 6 hours she has been enrolled. She will return to the Center in the Fall of 1968.
Beth	10-10	4	84	Below Grade 1		Seriously retarded educationally. Very few skills and little ingenuity in attacking new problems. She showed mild wheeziness followed by coughing during testing. Gave up easily.
At time of termination			99		Independent 3.5	

Name	Age	Grade	IQ	Previous Reading Score	Present Reading Level	Background Information
						Instructional Higher. More stable emotional reactions. After six weeks full time in regular classroom she remains very enthusiastic about success in subject matter area. Works with middle group.
David	16-7	9	100	3.0		Discouraged, no self-assertiveness. Unable to compete, ulcers. Extreme emotional problems. Always in difficulty with other children. Present Evaluation: David left our Center on January 18, and enrolled in a local program, on Monday and Wednesday. On Tuesday and Thursday he is enrolled in Industrial Electricity.
Philip	12-10	5	94 in 1962 76 in 1966 Reading and writing at a level similar to an ending first grader.	Non-Reader		Feels inadequate and discouraged by his inability to meet good standards of behavior. Significant indicators of neuroticism. Present Evaluation: Worked with emotional problems as well as academic problems. Withdrew from his "shell" and was making friends. On October 18, Phil moved to another school where there was a reading program within the school.

Special Therapy

Mrs. Lucinda Jones - Therapist

Mrs. Marianne Porter - Therapist

Name: Jimmy Birthdate: 9 October 1959 Age: 8-7

Description

Jim was enrolled in nursery school at Lawrence, Kansas in 1962, and at Indiana State University Laboratory School in Terre Haute, Indiana in 1963. He was placed in LaRue Carter Memorial Hospital Center for Research in Childhood Schizophrenia in 1964 where he remained for residential treatment for three years. He was dismissed at that time because he no longer fit into their program. He was then referred to the Diagnostic, Counseling, and Remedial Center, and was enrolled in September of 1967.

Psychological testing

Jim was tested during January, 1968. Several sessions were needed to complete the following tests:

Stanford-Binet Intelligence Scale, form L-M 1960 revision
Goodenough-Harris Intelligence Test
Peabody Picture Vocabulary Test, forms A and B

Results:

Jim did all the tasks at the 2 and 2½ year levels, including the picture vocabulary test which he passed at the 3 year level. Successes beyond this level were limited to non-verbal tasks, with highest performance at the 5 year level where he did the paper folding, copying a square, patience rectangles, and knot tying tests. He had no successes at the 4 and 4½ year levels.

At this time, Jim was functioning about like the average child at age 3½, with specialized ability in doing some types of motor and spatial relations tasks as well as the average 5 year old child. His verbal ability is more like that of most children at 3 years of age. The ratio of mental to chronological age would be expressed by a quotient of 39. At least 5 attempts were made to get Jimmy to make a drawing of a man. Each time he made a different kind of figure on the paper, none of which would be described as more than a scribble.

On the Peabody Test, Jim earned a mental age of 2 years, 2 months on form A of the test, and 2 years, 11 months on form B. The latter represents a quotient of 36.

Recommendations at time of testing:

Jim should be enrolled in the class for older trainable children at the Beacon School of the Valley so that Jim can become accustomed to classroom procedure and to functioning as a member of a group. It was also hoped that this would promote language development.

Jim should also continue in the Arts and Crafts and the Language Development programs at the Center.

More medical information would be helpful, and the possibility of pharmacological management should be explored further.

Procedures

Jim was enrolled in a language development program, and an arts and crafts program at the Center in September, 1967. He was also enrolled in a trainable class at the Beacon School of the Valley in February of 1968, but was terminated after two weeks because he was unmanageable in the classroom to the degree that he was no longer tolerable.

Jim's mother has also been counseled on several occasions concerning carry-over in the home and the possibility of institutionalization for Jimmy.

A medical referral was made, but the report did not provide us with any additional information.

In order to have a better understanding of what had been done for Jim at La Rue Carter, Mrs. Porter, the Arts and Crafts Therapist, Mrs. Jones, the Speech and Hearing Therapist, and Mr. Hart, the Counselor, visited the persons who had worked with Jim. They stated that although they believed Jim had almost average ability, the prognosis for him was not good. Eventful institutionalization was probable.

Evidence of progress made La Rue Carter

The following information is taken from the initial referral from La Rue Carter:

> "Jimmy was initially referred to us early in 1964 because he did not speak. He was disinhibited and unruly, given to temper tantrums, and paid little attention to anyone. In 1962 he was examined for hearing loss at Kansas University Medical Center and judged normal. At a psychological clinic there he was considered autistic. When referred to us extensive biological and psychological investigation of Jimmy and his family revealed no physical abnormalities, except for a retarded bone age. Since then, one of six electro-encephalograms has been interpreted as abnormal during drowsiness and sleep, showing sharp waves, mixed spikes, and slow waves appearing in the right parietal region. In psychiatric examination Jimmy was uninvolved with people and absorbed in toys. Though he used toys appropriately it was at a low level, and there was little imaginative play. His few verbal skills consisted largely of echolalia. He showed good size discrimination and his drawing was age-appropriate. Initial evaluation by our language pathologist revealed no organic interference in his lack of communication. He was admitted for further study and treatment, with an initial diagnostic impression of schizophrenic reaction, childhood type.
>
> During the course of Jimmy's hospitalization he has greatly improved behaviorally. He is no longer globally indifferent to people. He has developed well in his motor and adaptive skills. He is manually very competent and he enjoys construction and assembly tasks. Jim can with consistent precision copy any letter he sees, and vocally imitate any sound he hears. However, he has extraordinary difficulty in making the connection between the visual and auditory sensory modes, so that he has made practically no progress in either writing what he hears or reading what he sees. At present he has a working vocabulary of approximately 100 words, and he is beginning to use some phrases. Immediate wants he can make known with words and gestures. He tolerates quite well working individually or, if things are not beyond him, participating in small groups. It does not take much failure and frustration before Jim stops trying. However, we have found it not difficult to get sustained work for 30 to 45 minutes at a time from Jimmy.

Our present impression is that Jimmy is a brain-injured child with a central language disorder and some secondary behavioral problems, who might well be considered for a sense-training or special education group."

Diagnostic, Counseling, and Remedial Center Language development program: When Jim first came to my office with his father, I let him explore and do as he wished so that I could get an idea of his behavior patterns under little or no restriction. He climed on the desk and chairs, jumped to the floor, rolled on the floor, messed up his father's hair continually, and yelled out several times. During the first few therapy sessions, he was very distractable, and continually fell to the floor and rolled around. He paid no attention to any requests, and completely avoided eye contact with me. Whenever his frustration tolerance level was reached, he would either pull down his pants, and scratch himself, or slap himself in the face.
Shortly, this behavior was modified to an extent that therapy could begin. It was found that Jim had very limited meaningful vocabulary, and that his verbal ability consisted mainly of parroting back the last word said to him. Clearly, a great deal of regression in behavior and verbal skills had taken place over the summer months intervening his release from LaRue Carter and his enrollment at the Center.
Since this time, Jim has made slow, but consistant improvement. He is now learning the names and functions of new objects quickly. He is also finally making the connection between questions and an appropriate answer. Through operant conditioning he is now able to answer "yes" or no" to various questions involving himself, his family, and his immediate environment. He is able to give his first and last name, his sister's, dog's, and cat's names upon request. He is able to name up to 80 objects and state the function of many of these upon request. He knows the parts of his body, and many articles of clothing and foods. He complies with practically all requests so long as they are understood; and can remain seated and involved actively in work for periods up to one hour without a break. Socially, Jim has progressed significantly. Lately, he has been returning greeting from several staff members and students with "hi", and usually looks at them when doing so. He now maintains eye contact with me for several seconds at a time, and smiles spontaneously at appropriate situations. But most important of all improvements, I believe, is the recent attempt on Jim's part to reason, and reply appropriately. For example, when recently asked how he felt, he replied "hot" instead of the usual practiced response "fine". Also, when asked if he wore a dress, he replied "pants", and, pointing to the dress, said "Mommy".

There continues to be a marked difference between Jim's behavior at the Center and at home. He is still relatively disinhibited and given to violent temper tantrums there. This situation is reported to be improving, however, according to Jim's father.

Arts and Crafts Therapy

When Jim first came into the Arts and Crafts room for therapy he ran from one thing to another. His attention span was very short. He seemed to be oblivious to the presence of all human beings.
In an attempt to provide contact with other children, we arranged small group settings for Jim but he was too threatened in these situations and would pull open his pants or run widly destroying the other children's playthings.

In a one to one situation, Jim learned tosit in his chair, follow directions, and accept some level of frustration.

At present he is working with one other child (from Mrs. Nelson's room) named Jack. He seems to enjoy this contact and is very alert to learn by watching Jack and doing what he does.

Jim's speech has always been very meager in Arts and Crafts but lately he has been talking spontaneously even though it might be just one word. His words, "orange", "pants", "arms", are appropriate to what he is doing at the time.

In the near future, another child will be added to the group and we will try to increase Jim's frustration tolelance level. We are working toward group placement in a special class, or if this fails then parental acceptance of residential treatment center for Jim.

Counseling for Jimmy's Parents

Knowing that the prognosis for Jim was one which left little reason for optimism it was the opinion of our staff that his parents should be helped to adjust to realizing that residential placement for Jim might become necessary in a few years if not sooner. It has been my responsibility to guide them toward this adjustment.

Jim's parents were at first unable to come to grips with this subject and the feelings of guilt which it created. After several sessions with the mother, a few conversations with the father, and one session with the mother and father over a period of five months progress has been made to this point. Jim's parents can now discuss the subject rationally without evidence of feeling threatened and are interested in visiting several residential settings for the emotionally disturbed in this state so that they might know what is available and what might be appropriate for Jimmy if and when the need for such placement seems imminent.

It should be remembered that the staff at the Center has not given up on Jimmy and that we have not pressed Jimmy's parents toward feeling that residential placement is or will be a necessity in his case. We have, instead, attempted to help them to accept this kind of placement as an alternative course of action which may or may not seem called for as Jimmy's condition changes in the future.

The question might be raised as to why Jimmy's parents were not counseled so that they might be better able to help Jimmy during the hours he spends at home. Many attempts to do this were made but the particular style of life adhered to by this family and the years of frustration already experienced by the parents and other children in living with an emotionally disturbed child seemed to make such help of little or no practical value.

Name: Chad Birthdate: January 31, 1958 Age: 10-4

Reason for Referral

Chad was referred for psychological testing in January of 1967 because of lack of school achievement, and extreme difficulty in expressing himself.

Psychological Procedures and Results

Chad was examined at his school in January of 1967. The following psychological techniques were used:

Wechsler Intelligence Scale for Children
Harris-Goodenough Intelligence Test
Peabody Picture Vocabulary Test, form A
Bender Gestalt Test
Benton Visual Retention Test, form C
Wepman Auditory Discrimination Test
Wide Range Achievement Test, reading, spelling, and arithmetic
Durrell Analysis of Reading Difficulty
Observation of behavior during the testing period.

Intelligence Factors

According to the Wechsler Scale, a verbal and performance type individual intelligence test which is considered a good predictor of school success, Chad earned a verbal quotient of 79, and a performance quotient of 99; 100 is considered average in each. He earned average scores in verbal problems which require common sense judgment and the ability to define words verbally. His scores in verbal problems which require concentration and memory are similar to a child of about 6 years. His scores on the performance test show rather uniform average ability.

The Harris-Goodenough Test uses the child's drawings of a man and a woman. It is classified as a non-verbal intelligence test and utilized characteristics of tactual, kinesthetic, and visual perception. On his drawings, Chad earned a standard score of 98; 100 is considered average and his score is similar to his performance quotient earned on the Wechsler Scale.

The Peabody Test is constructed to show language development through picture word association without the use of speech. The outcome of this test shows that Chad's present vocabulary mental level is about a little higher than 7½ years which is far below his non-verbal ability but in line with his verbal quotient on the Wechsler Scale.

Visual Perception Factors

The Bender Test is used with all children between the ages of 5 and 10 years as both a perceptual and projective type test, regardless of their intelligence, neurological functioning and emotional adjustment. Interpretation of total score —Chad's Bender score is similar to the normative score for his age group. This indicates that his visual perception is at least average. His level of perceptual maturation is similar to that of a 9 to 9½ year old child or a person in about beginning fourth grade.

Chad worked extremely slow and required about 11½ minutes to complete the test. This is almost twice as long as the time required for most children. He was very much aware of the mistakes he made, indicating that his visual perception was good. He expressed dissatisfaction with his work and erased freely. His ultimate good performance on the Bender Test was the result of intensive effort on his part to overcome his handicap in motoric expression.

Neurological functioning —— Chad's good total Bender score is not suggestive of neurological impairment in the area which relates to visual perceptual development of the perceiving of the stimuli.

The Benton Visual Retention Test assesses the visuoperceptive and visual memory factors. The results of this scale indicate that Chad's visual memory ability and the capabilities needed to perceive stimuli is about average.

Auditory Perception Factors

The Wepman Auditory Discrimination test is used to determine the child's ability to recognize the fine differences that exist between the phonemes used in English speech. The outcome of this test reveals that Chad's level of auditory discrimination is sufficient.

School Achievement Factors

The Wide Range Test is designed to show levels of reading, spelling, and arithmetic success. The results are a comparison of Chad's achievement in these areas with the achievement of other 9 year old childrem.

Reading- Chad's present word analysis is about middle first grade.
Spelling- His spelling skills are also about middle first grade.
Arithmetic- Chad works addition and subtraction problems similar to ones of about middle second grade difficulty.

The Durrell Analysis of Reading Difficulty consists of paragraphs read orally and silently by Chad. The results give clues to faults and weakness which may be corrected. Chad's reading of context material orally and silently and recalling information from these paragraphs is inadequate on first grade material. His comprehension of paragraphs read to him is sufficient at about third grade level.

Personality Factors

The interpretation of Chad's Bender record from a personality viewpoint suggests that he is quite inadequate in planning ability and has inability to organize material. His total Bender score would ordinarily be interpreted as Chad being a rather well integrated child who is not too vulnerable and is not likely to have serious emotional problems.

Summary and Conclusions

Chad's performance ability is about average as is his vocabulary and common judgement. His verbal abilities, which are ordinarily required to be successful in school work, are considerably lower and this is probably the basic reason for his lack of school success. Although his

to receive visual and auditory stimuli is sufficient, his talent to express himself in written and verbal work is far below expectations and he will continue to require more time to complete his school work.

Recommendations

In view of his intelligence and his concentration difficulties, he should be referred to the Diagnostic, Counseling, and Remedial Center for further evaluation and remediation.

Procedures and Results of additional testing

Chad was given additional tests in October of 1967.
The following psychological techniques were used:

Bendel Gestalt Test
Minnesota Percepto-Diagnostic Test
Frostig Developmental Test of Visual Perception
Durrell Analysis of Reading Difficulty, selected parts

Other:
Keystone Visual Survey Test

Perceptual Factors

The tests of perception administered at this time indicate that Chad's perceptual development is about average for his age. There does not seem to be any evidence of brain injury.

Other Factors

Chad's vision tested within the limits of normal vision, but it was recommended that he be watched carefully and possibly examined by a specialist in future months. There seemed to be some signs of possible future difficulty. His learning problems appear to be chiefly of the expressive type. He seems to have adequate understanding, intelligence, and hearing. Although he is able to relate details of a past, personal experience, he had great difficulty relating details of a short story which was read to him immediately before the questioning period. He also has difficulty identifying an isolated word he has just seen from a list of similar words.

Summary and Recommendations

Chad's learning problems seem to fit a description of children who have a language disorder which is primarily expressive. This is a difficulty in dealing normally with language symbols and in expressing his thoughts or recalling information at the appropriate time.

It is recommended that Chad receive special therapy which is directed to his particular linguistic problems, and that he be enrolled at the Diagnostic, Counseling, and Remedial Center as soon as an opening is available.

Procedure

Chad was enrolled in November of 1967 at the Diagnostic, Counseling, and Remedial Center in a language development program designed to improve skills in phonetics, auditory discrimination, auditory memory and self-expressions.

Progress

I am most pleased with the change in Chad's attitude about himself. He no longer feels so inferior to his younger brother or his peers. This, I believe, is due partly to his improved performance in school. The fact that he was retained a year, placed in the same grade with his younger brother, and was still failing, was naturally very humiliating for him. Chad's ability to sound out unfamiliar words and to spell phonetically is fairly good. We are now concentrating on improving his ability and visual memory skills, and his ability to express himself adequately.

Retesting and Results

Chad was retested in March of 1968 at the request of the language therapist.

Bender Gestalt Test

The only developmental error Chad made on the Bender is an error which is commonly made by children of all ages. His perceptual age level, on this test, is calculated at 10½. The results of this test agree with his preformance on the Frostig Test which was administered October 23, 1967. At that time Chad showed normal development in visual perception skills.

Durrell Analysis of Reading Difficulty

On this test Chad scored at grade level (3.5) on the Hearing Sounds in Words subtest and at the low third grade level in spelling . On all other subtests of reading skills and reading rate he scored at mid second grade level or lower.

Chad's reading rate is very slow (oral 1.8, silent 1. 5) and he was not able to read even the easiest selections without error. His memory for details was poor on the second grade paragraph he read, but he was able to recall all details on paragraph number three. He is a word-by-word reader in whom marked insecurity is evident. His memory for details of paragraphs read silently was very poor. Likewise, he is unable to answer questions about material read to him with more than low second grade success.

The Illinois Test of Psycholinguistic Abilities

This test indicates that Chad has adequate ability for a child his age to comprehend auditory and visual symbols-spoken words, pictures, and written words. He also has the ability to relate (associate) spoken words in a meaningful way. However, he has somewhat less than adequate ability to relate meaningful visual symbols- to form concepts regarding the relationship between associated pictures. Chad's ability to express himself vocally is only about equal to that of an average 6 year old, but his ability to express himself in gestures is about like a 7 year old. He also has difficulty expressing himself spontaneously and in selecting the correct forms of words to use in "automatic" speech. According to this test, Chad's visual and auditory memory are on about the level of a 6 to 6½ year old child.

Final Recommendations

Chad should be enrolled in a remedial reading program, where he can improve sight vocabulary, speed, comprehension, and use of contextual clues. He should also continue in a language development program stressing self-expression and development of visual and auditory memory skills.

Program Monitoring

REACTIONS OF PARENTS TO SERVICES PROVIDED BY THE DIAGNOSTIC, COUNSELING, AND REMEDIAL CENTER

Question	Number of Responses Yes	Number of Responses No	% of Responses Yes	% of Responses No
1. Were you aware of your child's learning problem prior to being referred to the Center?	86	8	91	9
2. Had you previously sought help concerning your child's school adjustment?	53	40	57	43
3. Were you at a loss as to where you might go for help concerning your child's problem?	72	20	89	11
4. Did you feel that your child's referral to the Center presented personal embarrassment for you?	6	87	6	94
5. Did you have previous knowledge concerning the function of the Center before you were contacted by a member of the Center's staff?	28	65	30	70
6. As a result of the services rendered by the Center, do you feel that you have a better understanding of your child's problem?	82	9	90	10
7. Since your child has received services at the Center, do you notice change in his/her attitude toward school?	65	20	76	24
8. Would you contact the Center if you felt need for additional information or consultation?	93	1	99	1
9. Have you felt that the staff members of the Center were sincerely concerned with your child's problem?	93	0	100	0
10. Would you recommend the services of the Center to other parents whose children are having difficulties in school?	93	0	100	0

Parents' rating of services:

Statement: I found the services of the Diagnostic, Counseling and Remedial Center to be ---

	Very Helpful	Helpful	Some help	No help
Number	58	19	12	1
Percent	64	22	13	1

Parents' Comments Concerning the Services of the Diagnostic, Counseling, and Remedial Center

In a few minutes, one social worker, discerned the source of a family problem, offered a solution, (it worked) removed my anxiety, and no doubt eased our whole family relationship.

The remedial center has been a wonderful opportunity for my son. His interest in school has changed tremendously and also his grades. It would be wonderful if more children could have this opportunity.

Richard still is withdrawn sometimes and won't discuss the progress at the Center. Other times he wants to talk. We're helping him at home.

I am not aware of any services given to my child's problem, except for the tests.

I believe you have helped my child with her problem and I hope she continues to benefit by this help in her school next year.

I am very pleased with the results, to this date.

I am thankful for the Center, knowing my child will get help she needs from someone with the training to help her.

My child enjoyed it so much. He could go on forever.

We would like to express our thanks to the Center for the great help it has Given __D___. Also to the teachers and school officials like Mr._________ and Mr ___________. If it had not been for these two, __D__ today would probably have been a dropout. Thanks again.

There aren't any words I could say to tell you how pleased I am with the results my child had. I think if it had been started years before it would have helped many children here in Vigo County.

I think the Center is wonderful. It has helped our children completely.

Your help has really worked miracles with my children. You've also helped me find answers to a lot of questions.

As a result of the personal counseling given to my son, he is showing a concern and a much better attitude toward school. We recommend the Center to any child having difficulty in school. We sincerely thank the school and staff for their kindness.

I am very pleased with the Center. If I hadn't taken my grandchild there, I wouldn't have known her hearing was bad, and taken her to the ear doctor. She had surgery and now everything is o.k. She loves school and is doing much better with her grades. Thank you very much.

Dr.________ and the Drs. at I.U. Medical Center believe T_____ should be placed in a class at the Diagnostic Center or else a special education class in his own school district.

My child has not received any services at the Center but we have had counseling with the Center and we understand its function. However, we wish our child could have gone to the Diagnostic Center because we feel like it would have been of great help to our child.

I have noticed a big improvement in my child since she started at the Center.

Thank you so very much for all the wonderful guidance you have given E____.

I did not understand number 7, because my child has not gone to the school out there but he has had tests and he likes it very much. He very often tells me he could go to school there.

I feel very grateful for the Center as I feel they have done a very good job with F_____.

Since R______ left the Center and went back to _regular school____ he has not shown much improvement.

I don't think he is doing as well where he is now and would like very much for him to be back at the Center. (Parent went on to explain concern) (Note: this child had severe brain damage and was not manageable in a group situation prior to receiving training at the Center. He is now in a special class at a regular school and is maintained on a ½ day program)

G__________ is a very happy boy now and he is at the top in his class. If other parents whose children are having difficulties would like to ask us about the Diagnostic Center, we would encourage them to enroll their child immediately. We want to say thank you for all you have done for G_______ and us.

His time at the Center gave him a breathing spell from the pressure the public school was putting on him, helped him to understand he could conquer his problems. The fact that there was a group who did and would come to his rescue also partly changed his attitude of the teachers and staff at the public school when he was returned to it. He wasn't miraculously cured and he will probably always have different problems, but the Center has helped him to face them.

We are very very happy with C_____'s progress this year. He has a lot of confidence in himself now.

He just had a hearing test as far as I know and I don't know if it was ok or not.

We think the staff has done an excellent job in helping with G_____'s schooling.

Because of G_____'s age, he is unable to get training other than books and he needs other help to make up for the reading he is unable to do.

I would like to have D______ retested in August, if you think necessary.

I would like to have D_________ retested in August, to see if he is ready for 1st grade. He is more interested in starting to school. He is no longer hard to get to do things that we tell him.

The school did not refer me to the Center. I had to seek the help of my doctor. I feel there is not enough cooperation from the school and the teachers.

I feel there is a need for the school teachers to be better informed about the functions of the Center. This would bring a better understanding among teacher, parent and Center in helping the child.

We are very thankful for the help G_______ has received.

G_______ is doing well at the Center, why change him to another school?

K_______'s problem has always been in reading and he is slow.

R_______ is doing better in school, of course there are a few problems I have with him at home.

About question 10: Just starting on step one with your counseling, but if you can help my child, I will certainly be glad to recommend you to other parents whose children may need your help.

I am very pleased with the work done at the Center. I would recommend it to anyone for their child who needed help. I feel that I have another child who needs help too. My children all have trouble in school.

Since I only had contact with the Center for the period required to evaluate my childs needs, I did not have enough contact with the Center to properly evaluate its service.

I wish to say if it hadn't been for the concern and understanding of all of us, I don't think M_______ would have done this well this year. A lot of help came from your school. Thank you.

I am very proud to verify that my child attended your school with gratifying results.

Since T______ left your school he has improved 100% in his personality. His home life is normal now which your school had a lot to do with it even though I don't know how to put my finger on it.

T______ is on a Little League team and is a lousy ball player as he is afraid of the ball. Once your staff told me he had a great fear of getting hurt when he played games. T______ still does not like to fight, but he made his own decision to play ball. He is also in the 4-H. He has his own individual friend spending the day occassionally.

He disapproves of a couple of boys in his class making trouble for the teacher. He still does not like to sing aloud in music.

Two years ago T______ had a sullen streak that didn't erupt often, was extremely unsure of himself, daydreamed a lot and didn't do chores assigned him without constant supervision.

To sum this up as of today:

1. T_____ makes his bed every morning without being asked.
2. He doesn't always brush his teeth or wash hands before meals.
3. He doesn't always get his school work done on time.
4. He takes good care of his toys, etc.
5. He is kind to animals and kind of mean to the little brothers at times.
6. He gets along with a group and enjoys himself.
7. He respects the teachers and older people.
8. He enjoys life 100%. To know T_____ two years ago, and I knew him better since I'm his mother, T____ has improved so much and I believe 90% was due to your school. The part that he hasn't improved to make him a different boy is okay with me. I accept him as he is and glad of it. My only regret is that every child doesn't have the opportunity to go to your school as there must be hundreds who need help and there just simply isn't room for all of them.

Special Note: These comments were made in response to the final item on the monitoring instrument. They are all on file in the Center.

RESPONSE FROM PHYSICIANS, NON-PUBLIC SCHOOLS AND AGENCIES RECEIVING SERVICES OF THE CENTER

I found the services of the Diagnostic, Counseling, and Remedial Center to be -----

	Very Helpful	Helpful	Some Help	No Help
Number	12	~~11~~2	1	0
Percent	80	13	7	0

Comments:

Physicians

I have not used the Center yet, but it is certainly rewarding to know we have one for those individuals who require the service.

I would like to offer my services if an occasion should arise.

I am relatively new in the community and have not received the results of testing exept on 3 or 4 children. I believe the testing is helpful and should be continued.

I am very interested in the Center, but do not recall any individual patient who has been seen there.

Very helpful, keep at it!

Have been pleased to date. I consider the potential here for cooperation between school,physician and home as unlimited.

Family Service: Vigo County Adult and Child Guidance Clinic - Very helpful

Parochial Schools

Would be much more helpful to parochial schools if a remedial reading teacher could come to each school and help slower students.

I have just sent in an application for another child who just came to us. He needs help greatly. Our two who have gone to the Center for two years have profited greatly.

Not only did I find the services helpful, but I found the staff most cooperative and gracious in their assistance. I only regret there is not a program designed for the "borderline" child who does not make adequate progress in a normal classroom situation but who is not eligible for the special class at the Center.

The staff have been most cooperative and interested in doing all they can for the children we have recommended. It has been a great aid to us.

Summary:

There were 155 monitoring instruments sent to parents and 43 to physicians, agencies and parachial schools. There was a return of 95 parent responses, 61%, and 17, 40%, from the physicians, agencies and parachial schools.

From the responses of parents it was quite evident that the majority of the parents were aware of the need for help but were not sure where to go. Since the Center is a recent innovation they were generally not informed concerning this service. It is indicated that parents have seen noticeable changes in the performance of their children as well as attitude changes.

It was rewarding to know that 99% of the parents would feel free to contact the Center for additional services. The program has been fulfilling its objective in rendering services to children who were in need of help with no resource available.

Physicians, agencies and parachial schools have generally rated the services as very helpful and are in general support of the program.

PUPIL ATTITUDES

How well a student is doing academically and behaviorally as determined by parents and teachers is obviously an important factor in making judgments about the level of success attained by a program aimed at helping students in these areas. Information about changes in the attitude of students toward their world and themselves is also of great value in helping to make such judgments.

Man has knownfor quite some time that the way a person feels about himself, (his talents, his achievements, his opportunities, etc) and the way he feels others think of him and treat him has much to do with the amount of positive effort he will put into his daily living and the amount of success it will bring. Consequently, it was decided that an attempt to measure the quality of such feelings should be made so that the results of such measurements might be used to help determine the nature and extent of adjustments the Center's program might require to be more effective.

The attached form was used in our initial attempt to assess student attitudes relevant to our efforts. It will be noticed that there are five separate groupings of statements to be completed and that the groups pertain, in this order, to the following areas: self-concept, academic adequacy, peer group relationships, teacher-pupil relationships, and parent-child, sibling relationships.

The Center's counselor went over the form with each child individually, read the statements to the child, interpreted when necessary, and recorded the child's response in one of the five completion categories. The children used in this sampling were only those who had been, for two months or more, members of one of the following three special classes: personal adjustment, social adjustment or perceptual development.

The percentage of responses falling at each of the five points on the qualitative scale is given for each of the five major attitudinal categories. It seems significant that 67% to 74% of the responses for each of the five major divisions fell at the "little better" to "much better" end of the scale with the point on the scale describing the most positive change in outlook, the "much better" category, showing the largest percentage for each of the divisions. It also seems significant that for none of the major divisions was there a percentage of responses above 9% at the end of the scale discribing a negative trend.

We at the Center will be going over the results of this survey carefully and will attempt to make good use of its meaning in determining future directions. We cannot help but feel that, though the instrument used was imperfect, the results indicate that healthy individual student progress has been made which is to some extent related to the influence the Center's program has had on the lives of those who have taken advantage of it.

DIAGNOSTIC, COUNSELING, AND REMEDIAL CENTER

Survey of Attitudes

Since I've been coming to the Center........	much better or more	a little better or more	about the same	a little poorer or less (well)	much poorer or less (well)
Self-Concept					
1. I like myself	10	2	5	1	0
2. I think I can do things	11	6	1	0	0
3. my physical ability is	10	6	2	0	0
4. my physical appearance is	5	3	7	3	0
5. my ability to be honest with people is	8	4	4	2	0
6. I get up in the morning feeling	5	5	6	2	0
7. I enjoy things each day	7	3	7	1	0
8. I like going to school	12	1	5	0	0
9. people think I am doing	8	7	1	1	1
Totals	76	37	38	10	1
% of Total Response	47	23	23	6	1
Academic Adequacy					
1. I like the classroom materials I am using	8	5	3	2	0-
2. I like the classroom activities	9	1	5	2	1
3. my understanding of my lessons is	7	6	5	0	0
4. I am able to complete my work	8	4	4	2	0
5. my work in arithmetic is	12	4	2	0	0
6. my work in reading is	8	6	2	1	1
7. my writing is	10	5	3	0	0
8. my spelling is	8	7	3	0	0
9. I understand what it takes to be a good student	9	3	4	1	1
Totals	79	41	31	8	3
% of Total Response	49	25	19	5	2
Peer Group Relationships					
1. I like my boy friends	8	3	5	1	1
2. I like my girl friends	12	3	2	1	0
3. I enjoy being with boys and girls	12	4	0	1	1
4. my ability to make friends is	12	1	3	1	1
5. boys and girls in my class like me	5	5	7	1	0
6. the boys and girls respect me	6	4	7	0	1
7. I respect the other boys and girls	10	5	2	0	1
8. I like to share	10	2	2	4	0
9. I like to play group games	10	3	5	0	0
10. my self control around other boys and girls is	11	4	2	1	0
11. my knowledge of what it takes to keep out of trouble with other boys and girls is	11	3	3	1	0
Total	107	37	38	11	5
% of Total Response	53	19	19	6	3

	much better or more	a little better or more	about the same	a little poorer or less (well)	much poorer or less (well)
Teacher-Pupil Relationships					
1. I like my teacher	11	0	4	3	0
2. my understanding of why it is important to cooperate with my teacher is	11	1	6	0	0
3. my ability to do what the teacher wants me to do is	12	2	3	0	1
4. my understanding of why my teacher disciplines me is	13	2	2	1	0
5. I respect my teacher	11	2	3	2	0
6. my teacher likes me	9	1	7	1	0
7. I cooperate with other teachers	10	5	3	0	0
Totals	77	13	28	7	1
% of Total Response	61	10	22	6	1
Parent-Child and Sibling Relationships					
1. my parents think that I am doing	12	0	5	1	0
2. my parents like my school	9	2	6	0	1
3. my parents understand what I am doing at school	10	2	5	0	1
4. my parent's confidence in me is	9	3	5	1	0
5. my parents think I help around the house	11	1	6	0	0
6. I am able to talk to my parents	11	3	3	1	0
7. I get along with my parents	12	3	3	0	0
8. I get along with my brother (s)/sister (s)	6	1	6	2	3
Totals	80	15	39	5	5
% of Total Response	56	11	27	3	3
Grand Totals for all major divisions combined	419	143	174	41	15
% of Grand Totals	53	18	22	5	2

Research

PRELIMINARY SUMMARY OF DATA OBTAINED FROM PSYCHOLOGICAL TESTING

Research Objectives

The research will be concerned with the evaluation of personal, social and educational adjustments of children characterized by various learning disabilities. These children will be enrolled in the special remedial classes.

Through a comprehensive diagnostic evaluation various children will be selected for special instructional programs. The young child with neurological impairment, children with problems of personal adjustment, others with social adjustment problems and children from deprived environmental backgrounds will be enrolled in the remedial classes.

The research will attempt to identify the restructuring of personal,social and educational patterns after the children have been enrolled in the special classes.

Problem Statement:

Education for the emotionally disturbed child, the socially maladjusted or the "conduct problem" child, and the mildly organically brain damaged child has been approached in similar ways. Generally speaking separate classes have been provided, and the needs of each child have been attempted to be met in controlled environmental settings.

This study has accepted the fact that within each classification there exists a broad latitude of behavior classifications. Educators and school psychologists have been attempting to break down the behavior patterns for the deviant children into autonomous classifications and to then provide special classes for each classification.

Regardless of the differentiated classifications, the children may be identified by one general description as children with personal adjustment problems in adapting to educational experiences.

Should the public school programs become involved in providing many and varied types of special education classes or attempt to identify and to synthesize the various instructional techniques that are effective with a broader classification of problematic children?

Review of Literature

In reviewing the literature related to this study, an article in the December 1965 Exceptional Children Journal titled "Emotionally Disturbed and Brain Damaged Children - Should We Mix Them?" by John Mesinger and "A Reaction" by Eli Bower pointed out the conflicting views concerning the educational planning for the two groups of children.

> Mesinger stated: ... the quiet, repetitive, long term approach to the education of the exogenous child is neither needed nor desirable for most emotionally disturbed children. The types and frequency of deviation from curriculum likely to be effective with emotionally disturbed children are more often than not likely to interfere with the process of learning by exogenous children.
>
> The burden of proof that the procedures will serve both exogenous children and emotionally disturbed children equally well should be on the educator before this procedure is widely emulated.
>
> Bower stated: ... there is probably as much heterogeneity in the personalities and educational needs of children diagnosed as "brain injured" as those diagnosed "neurotic." In all cases what the teacher will be striving to change are the mediating or data processing components of the child's personality -- those aspects of the child's self which interpret, modify, utilize, and react to stimuli from within and without the person... I have no objection to placing "suspected brain injury" in the array of facts about a child; I do object to its selection as a magic phrase which reduces the individual child to an automated nervous system and helps remove the more sticky human factors from messing up the neat solution.

The above comments certainly present the challenge for this study. Should we attempt to further differentiate and separate a group of distractible, hyperactive, perceptually impaired children? Would the same classroom environment and instructional program be appropriate for all children characterized by the Strauss syndrome? In an article in the September 1963 Exceptional Children Journal, Quay has suggested that all children now called emotionally disturbed are not alike for educational purposes and should not be so considered. He went on to state that in his opinion a hodge-podge approach to a mixed group of maladjusted youngsters would not be likely to be successful.

FROSTIC TESTS OF PERCEPTUAL DEVELOPMENT
CHILDREN ENROLLED IN CLASS FOR EMOTIONALLY DISTURBED
FREQUENCY DISTRIBUTION

DIFFERENCE (C.A.- P.A.)*	I EYE-MOTOR COORDINATION	II FIGURE GROUND	III FORM CONSTANCY	IV POSITION IN SPACE	V SPATIAL RELATIONS	PERCEPTUAL QUOTIENT	F
4.0 - 3.8	0	1	1	1	0	90+	3
3.7 - 3.5	1	0	0	0	0	89- 87	1
3.4 - 3.2	1	1	0	1	0	86- 84	2
3.1 - 2.9	1	0	1	0	1	83- 81	2
2.8 - 2.6	2	1	2	0	3	80- 76	1
2.5 - 2.3	2	1	1	2	1	77- 75	2
2.2 - 2.0	0	1	1	1	1	74- 72	2
1.9 - 1.7	0	0	1	0	1	71- 69	1
1.6 - 1.4	1	1	0	1	1	68- 66	0
1.3 - 1.1	0	1	0	2	0	65- 63	0
1.0 - .8	0	3	0	0	2	62- 60	0
.7 - .5	1	0	3	2	1	59- 57	0
.4 - .2	1	1	1	2	1	56- 54	1
.1 - 0	2	0	2	1	0	53- 51	0
---	3	4	2	2	3	50- 48	0
Mean Difference	1.5	1.3	1.3	1.3	1.4		

Mean Perceptual Quotient 79.8

*Chronological Age minus Perceptual Age

Intake Testing

FROSTIG TESTS OF PERCEPTUAL DEVELOPMENT
CHILDREN ENROLLED IN THE CLASS FOR MINIMAL BRAIN DAMAGED

FREQUENCY DISTRIBUTION

DIFFERENCE (C.A.-P.A.)*	I EYE-MOTOR COORDINATION	II FIGURE GROUND	III FORM CONSTANCY	IV POSITION IN SPACE	V SPATIAL RELATIONS	PERCEPTUAL QUOTIENT	F
4.0 - 3.8	3	4	3	1	0	90+	1
3.7 - 3.5	1	0	0	0	1	89 -87	4
3.4 - 3.2	0	0	1	0	1	86 -84	0
3.1 - 2.9	0	0	1	1	1	83 -81	1
2.8 - 2.6	0	0	0	1	0	80 -78	0
2.5 - 2.3	1	0	1	0	0	77 -75	0
2.2 - 2.0	0	1	1	1	1	74- 72	1
1.9 - 1.7	1	0	1	0	1	71 -69	0
1.6 - 1.4	0	1	0	2	3	68 -66	0
1.3 - 1.1	0	1	0	0	0	65 -63	1
1.0 - .8	0	1	0	1	0	62 -60	1
.7 - .5	0	0	1	2	0	59 -57	0
.4 - .2	1	0	0	1	0	56 -54	1
.1 - 0	3	2	1	0	2	53 -51	0
---	0	0	0	0	0	50 -48	0
Mean Difference	2.0	2.2	2.5	1.7	1.7		

*Chronological Age minus Perceptual Age

Intake Testing

Mean Perceptual Quotient 77.8

DISTRIBUTION
MENTAL ABILITIES FOR
CHILDREN ENROLLED IN THE CLASSES FOR EMOTIONALLY DISTURBED (ED) and MINIMAL BRAIN DAMAGED (MBD)

	STANFORD BINET		WECHSLER INTELLIGENCE SCALE FOR CHILDREN					
			Verbal		Performance		Full Scale	
	ED	MBD	ED	MBD	ED	MBD	ED	MBD
130 - 128					1			
127 - 125								
124 - 122							1	
121 - 119					1			
118 - 116								
115 - 113			1					
112 - 110		1			2			1
109 - 107	1					1	2	
106 - 104			1	1				1
103 - 101	2			1	1		1	
100 - 98					1		1	
97 - 95			3	1		1	1	1
94 - 92	1	2	2		1			1
91 - 89	1	1	1	2		1	2	1
88 - 86								
85 - 83					1			
82 - 80				1	1			1
79 - 77						1		
76 - 74			1			2	1	1
73 - 71								
70 - 68					1			
67 - 65								
64 -			1				1	
Mean Score	100.8	96.8	94.8	94.5	99.9	87.0	95.4	90.0

Summary:

The preliminary data indicates that children classified as emotionally disturbed and minimal brain damaged have similar patterns of learning readiness. The groups selected for this study are within the average intelligence range. The children classified as minimal brain damaged indicated a significant difference in the area of performance.

Both groups have very similar patterns of perceptual growth with the minimal brain damaged group showing greater perceptual differences in eye-motor, figure ground and form constancy than the emotionally disturbed children.

Recommendations:

It is recommended that both groups continue with the same instructional program as outlined in the section headed, Objectives, Methodology and Materials.

A comparison will be made on the basis of the administration of the Frostig materials at the time each child is recommended for termination from the program.

RESEARCH, INTERACTION ANALYSIS

Purpose: To clarify and extend a proposal submitted 5 April 1968 regarding the randomized recording of class sessions in the classes for emotionally distrubed and socially handicapped in the Diagnostic, Counseling, and Remedial Center. This is a two part proposal. Part I includes a request for a tape recording system for these two classes which will be used for evaluation of pupil change by interaction analysis, and additionally for inservice work with the teachers, possible clinical use, and possibly for training programs. Part II proposes to evaluate pupil change by the use of interaction analysis and makes use of a video taping process.

Dr. David Crispin, associate professor at Indiana State University, is interested in this proposal and has offered to assist in implementing it. Dr. Crispin is an authority in interaction analysis, and is the author of the Crispin System of Interaction Analysis. In addition, this writer will take training under Dr. Crispin to become a "certified" rater.

PartI
It is proposed that tape recorders, microphones, and other needed equipment be installed in the class for emotionally disturbed and for socially maladjusted. The possible uses for teachers, pupils, and training as well as a description of the system arrangement were described in the 4 April 1968, proposal. This proposal will deal primarily with the use of such a system for evaluation of pupil and classroom climate change during the 1968-69 school year. It should be noted that the evaluation process assumes that the pupils and teachers are enrolled continously thoughout this school year.

Procedure: Recordings will be done on the basis of one hour per day per week in each of the two classrooms. The one hour blocks recorded will be determined on a randomized basis. In addition, the remote switching arrangement will permit the teachers to record classroom events which they feel may be most useful. However, only those tapes recorded on the predetermined schedule will be used for interaction analysis. Estimated costs of such a sound system is attached.

Analysis: The Flanders System of Interaction Analysis[1] will be used on each of the selected tape recorded class sessions. This system analyzed ten catagories of verbal classroom interaction. (see attached sheet) The ratings will be done by the writer and a trained assistant. These ratings will then be entered in a 10X10 Interaction Matrix, and the changes over the year in teacher and student verbal interactions will be studied. The method of analysis suggested by Flanders will be used.[2] It is hypothesized that teacher behavior will become more indirective during the school year, with increases resulting primarily from increases in catagories 1, 2, and 3. This will be reflected in a larger ID ratio. It is also hypothesized that catagory 10 will be used less frequently in later class sessions. It is further hypothesized that catagory 9 will increase, reflecting a more business-like atmosphere in the class.

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[1] Reported in Interaction Analysis: Theory, Research and Application. E.J.Amidon and J.B.Hough,,Addison-Wesley Publishing Company, 1967, pp. 121 - 140.

[2] Ibid pp. 130 - 139.

Part II

Part II of this proposal in concerned entirely with a system for evaluation of pupil change during the 1968-69 school year. It will involve three video taped one hour class sessions in both the class for emotionally disturbed and the class for the socially maladjusted. Mr. Dagley of Indiana State University has volunteered to bring a portable video tape machine, personally record all sessions, and loan the Center the tapes for the academic year. Professional raters who are not acquainted with the children, teacher, or the Center will be used. Dr. Crispin has offered his assistance in finding raters. Ratings will be done three times during the academic year. The estimated cost will be as follows:

One ½ hour session in Sept. 1968 in each of two classrooms; two raters at $8.00 per hour	$16.00
One ½ hour session in Feb. 1969 in each of two classrooms; two raters at $8.00 per hour	$16.00
One ½ hour session in May 1969 in each of two classrooms; two raters at $8.00 per hour	$16.00
Travel expenses for raters	$50.00
Raters	$98.00
Analysis: The Crispin System of Interaction Analysis will be used by the trained raters. (See enclosure.) Dr. Crispin will conduct the statistical analysis of the ratings. 6 hours at $5.00 per hour	$30.00
Total Expenses	$128.00

Hypotheses:

1. The direct/indirect ratio of teacher behavior will increase reflecting a more indirect climate in the classroom (see p.2 of Crispin enclosure).
2. With regard to pupil-to-pupil and pupil-to-teacher interaction, it is hypothesized that the students will show more supportive behaviors during the spring ratings, i.e. the S/N ratio will increase (see pp. 1-6 of Crispin enclosure).
3. 1 ratings will decrease, while A and a will increase, which will reflect the pupils assuming more decision making responsibility, and teachers assuming less.
4. 2 ratings will decrease, while c will increase, more student-to-student and self evaluation will become evident.
5. 3 will decrease, while d ratings will increase. That is, students will show an increase in capacity to discipline themselves.
6. 4, F, f will increase, showing more freedom of expression of feeling.

7. 5, N n will decrease. That is, non-teaching-learning activities will decrease.
8. 6, S. s will increase; more time will be devoted to subject matter.

Procedure for Categorizing Teacher-Pupil Interaction

Teacher Talk	Indirect influence	1. Accepts feeling: accepts and clarifies the feeling tone of the students in a nonthreatening manner. Feelings may be positive or negative. Predicting and recalling feelings are included. 2. Praises or encourages: praises or encourages student action or behavior. Jokes that release tension not at the expense of another individual, nodding head or saying "uh huh?" or " go on" are included. 3. Accepts or uses ideas of student: clarifying, building, or developing ideas into play, shift to category five. 4. Asks questions: asking a question about content or procedure with the intent that a student answer.
	Direct influence	5. Lectures: giving facts or opinions about content or procedure; expressing his own idea; asking rhetorical questions. 6. Gives directions: directions, commands, or orders with which a student is expected to comply. 7. Criticizes or justifies authority: statements, intended to change student behavior from nonacceptable to acceptable pattern; bawling someone out; stating why the teacher is doing what he is doing, extreme self-reference.
Student talk		8. Student talk-response: talk by students in response to teacher. Teacher initiates the contact or solicits student statement. 9. Student talk-initiation: talk by students, which they initiate. If "calling on" student is only to indicate who may talk next, observer must decide whether student wanted to talk, If he did, use this category.
		10. Silence or confusion: pauses, short periods of silence, and periods of confusion in which communication cannot be understood by the observer.

Procedure for Categorizing Teacher-Pupil Interaction

The Flanders system of interaction analysis was originally used as a research tool and continues to serve this function. As such, it is employed by a trained observer in order to collect reliable data regarding classroom behavior as a part of a research project.

The system is also useful as an in-service training device for teachers. It may be employed by a teacher either as he observes someone else teach or as he categorized a tape recording of his own classroom behavior. In either case the method is the same.

This system of interaction analysis is intended to be a research tool, and when it is used by trained observers of demonstrated reliability it offers the researcher and student-to-student behavior as these behaviors occur sequentially in a live classroom. The system should be useful to researchers who want to test hypotheses regarding the effect of teacher behavior on the behavior of the students, and to researchers concerned about the relationship between teacher behavior and learning on the part of the students. College teachers, and school teachers and administrators concerned with the improvement of instruction and/or the supervision of practice teachers should also find the system appropriate to their needs. And those in charge of in-service training progross will find that the system is a valuable tool for helping experienced teachers to analyze and understand their behaviors and the behaviors of their students. Professors of education who teach "methods" courses will find the system helpful as they attempt to help their students develop insights regarding the probable effects of specific kinds of leadership behavior, because the system specifies and defines behavior in terms that are easily understood.

Many readers will notice the similarities between this system and the Flanders System. The writer has used, and taught students to use, the Flanders System and here acknowledges the Flanders influence. And surely some of the data obtainable by use of this system can be obtained by using the Flanders System.

But there are two essential differences between the system: (1) The Flanders System categorizes seven different kinds of teacher behaviors and specifies that four kinds of behavior are indirect and that three kinds of behavior are direct; whereas the basic contention underlying the present system is that all teacher behavior can be either direct or indirect depending on how the teacher carries out that behavior; and (2) The Flanders System categorizes two kinds of student behavior-teacher initiated and student initiated, and the present system accounts for all student behavior and the manner in which the behaviors are carried out.

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A SYSTEM OF INTERACTION ANALYSIS

At the outset it is to be understood that this system is essentially a dichotomy; all teacher behavior is conceptualized as being DIRECT or INDIRECT, and all student behavior is conceptualized as being NON-SUPPORTIVE or SUPPORTIVE.

Definitions of Modes of Teacher Behavior

The Direct Mode - The behavior of the teacher as he attempts to make the students behave in prescribed ways. It is the stated, or implied, use of punishment or extrinsic rewards, or the withholding of rewards. The teacher states or lectures about his own knowledge or ideas - gives orders - deprecates or criticizes student behavior with intent to change it - justifies his own position or authority. Direct behavior can usually be described as:

anti-social
self-centered
self-assertive
insensitive
unsympathetic
inconsiderate

impatient
spiteful
aloof
cool
cold
stern

surly
dour
hostile
arbitrary
emotional
severe

The Indirect Mode - The behavior of the teacher as he gives the students free choice. He is sincerely willing to join with the students in joint exploration of feelings and ideas about classroom procedures and is willing to be influenced by them. The teacher accepts, uses, supports the ideas and feelings of students - praises and encourages - stimulates student participation in decision making. Indirect behavior can usually be described as:

fair-minded
self-effacing
self-submissive
good-natured
considerate

patient
friendly
trustful
warm
sincere

outgoing
cheerful
responsive
calm
sympathetic

Definitions of Modes of Student Behavior

The Non-Supportive Mode - The student's behavior leads the observer to infer that the student is defensive, concerned primarily about himself - dominative, competitive, dependent - working for extrinsic rewards. He seems to be perfunctory - acting primarily for the sake of getting rid of the duty. He appears to be indifferent, mechanical - acting from the force of habit. He seems to be bored, uninterested, unattentive.

The Supportive Mode - The student's behavior leads the observer to infer that the student is spontaneously, willing, actively involved in classroom activity. He appears to be seriously interested - paying attention. He seems willing to think freely, to offer and to try out new ideas. He seems willingly cooperative.

It is suggested that the quickest way to learn the system is to memorize the above definitions. Then, without learning the rest of the system, one should get himself invited to observe in a live school classroom. He should go armed with two sharpened pencils and two pieces of paper lined with vertical columns about an inch wide. He should sit and observe the teacher and the students for about ten minutes. Then he should begin to record behavior using little l's for the teacher and little o's for the students. He should make a symbol every three seconds unless there is a change of speaker, or mode, which should be recorded as it happens. The three-second rhythm can be learned by silently counting "one thousand and one, one thousand and two, one thousand and three." If the teacher's behavior is direct a mark should be placed at the right of the column: if indirect, on the left. If the the student's behavior is non-supportive an "o" should be placed at the right of the column: if supportive, on the left.

Having mastered only this part of the system, one can gather data relevant to such questions as: Is this teacher predominately direct, or indirect? Do the students tend to be more supportive when the teacher is direct, or indirect? Are the students in one school more supportive than the students in another school? Do students learn more under a direct or an indirect teacher? (Pre-test, post-test, and controlled instruction time could be employed to answer this question.) In a given school system do the teachers in one building tend to be more direct than the teachers in another building? Does there seem to be a relationship between the directness of the teachers and the sections of town in which the schools are located? What percentage of the total class period observed was given to teacher talk? Student talk? Do teachers who are predominately direct talk more than teachers who are predominately indirect? Etc.

In analyzing records of teacher student interaction it is helpful to use the concept CLIMATE. Climate is defined as - "The socio-psychological enviornment deriving primarily from the pattern of teacher behavior that prevails over a given class period." Specifically, the number of indirect teacher behaviors by the number of direct teacher behaviors.

The Direct Climate - The ID ratio is .49 or less.
The Variable Climate - The ID ratio falls between .50 and 1.50.
The Indirect Climate - The ID ratio is 1.51 or higher.

The literature and the research in education suggest that the classroom climate is determined primarily by the behavior of the teacher; therefore the concept climate is not used for student behavior. However, ratios can be used as simple expressions of student behavior and are derived by dividing the number of supportive behaviors by the number of non-supportive behaviors:

Student behavior is:
Non-Supportive - The S N ratio is .49 or less.
Variable - The S N ratio falls between .50 and 1.50.
Supportive - The S N ratio is 1.51 or higher.

If possible one should learn and practice the above part of the system along with one or more other interested persons so that a reliability check can be made. A simple chi square analysis is sufficient, and when one can demonstrate that his observation data and those of another are reliable at the .90 level of significance (.95 or better is preferable) he is ready to tackle the rest of the system.

As has been suggested above all teacher behavior and all student behavior can be recorded according to the modes as defined. However, the modes alone do not give a complete, detailed account of all that takes place in a school classroom. The modes reveal exactly what happened. Therefore it is necessary to record somehow all the specific behaviors that occur. And in this system specific kinds of behaviors are referred to as TYPES.

There are seven types of behavior included in the system, and these seven types account for all the behavior that occurs, of both the teacher and the student.

The seven types are:

1-A-a-AUTHORITY
2-C-c-CRITICISM
3-D-d-DISCIPLINE
4-F-f-FEELINGS
5-N-n-NON-TEACHING
NON-LEARNING
6-S-s-SUBJECT MATTER
7-V-v-VALUES, CONTROVERSIAL ISSUES

Definitions of Types of Behavior

1-A-a-AUTHORITY - Decision making about someone else's and/or one's own fate. Giving or asking for directions. Deciding on procedures or methods of operation. Planning - goal-setting. Deciding what to do next.

2-C-c-CRITICISM - An act of judgment or evaluation of another's or one's own, work or performance.

3-D-d-DISCIPLINE - The attempt of one to require another to discontinue inappropriate social behavior. The attempt of one to require another to accept the responsibility for his own behavior.

4-F-f-FEELINGS - Giving or asking for an expression of feelings - likes, dislikes, wishes, hopes, fears, desires. Giving or asking for an expression regarding the well-being, comfort, or emotional state of one's self or another. Pleasantries such as "Please," "Thank you," "Good Morning," "How are you?" "Good luck," etc.

5-N-n-NON-TEACHING, NON-LEARNING ACTIVITIES - All activities in the classroom that are not relevant to teaching and learning - sharpening pencils, erasing the board, watering plants, recess, saluting the flag, preparing for dismissal, etc...

6-S-s-SUBJECT MATTER - Asking for or making statements about the subject matter at hand - adding, subtracting, reading, writing, spelling, discussing, demonstrating, reporting, lecturing, performing, drills, practice, writing on the board, studying, clarifying, explaining,etc.

7-V-v-VALUES, CONTROVERSIAL ISSUES - Giving or asking for an expression of beliefs, opinions, values. The discussion of controversial issues. Controversial issues are defined here as issues about which fair-minded, intelligent, educated people can be expected to disagree and which are likely to invoke emotional responses - such as religion, Communism, Socialism, atheism, Capitalism and prejudice, etc.